Calvary

Palliative and End of Life
Care Research Institute

ANNUAL REPORT

2018-2019

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Palliative care patients and their families deserve the best possible care that we can give them.

This commitment underpins the establishment of the Calvary Palliative and End of Life Care Research Institute. Projects undertaken at the Institute address the whole arc of the palliative care experience for patients, their families and communities.

To offer the highest quality and safest palliative care, we are committed to evidence-based approaches. Collaborations play a vital role in undertaking research and translating the results into practice.

The palliative care services across the Institute care for over 1,200 patients every year. In keeping with the holistic mission of palliative care we undertake research projects to improve the physical symptoms of people in our care and support their psychosocial and spiritual experience. Research undertaken by the Institute has real-world focus, addressing issues and concerns in the different settings that our patients and their families find themselves. Patients' experiences and outcomes are our central concern and we involve them in planning and undertaking our research.

We would like to extend our thanks to the patients, family members and staff from across all Calvary Palliative and End of Life Care Research Institute sites who kindly agreed for their images to be included in this Annual Report.

Foreword from the National Board Chair

I would like to welcome you to the second Annual Report for the Calvary Palliative and End of Life Care Research Institute. The Institute provides a virtual collaborative framework for researchers and clinicians from the specialist palliative care services in our four public hospitals.

In 2019, these sites continue to collaborate with patients, residents, clients, families and community partners, placing our patients and their families first and putting patients firmly at the centre of their own care, reflecting the mission of the organisation – 'being for others'.

The Institute brings together sites with dedicated academic research units alongside others where clinicians incorporate research into their clinical practice. The Institute is supporting these researchers and clinicians to establish dialogue and networks, within and outside Calvary, so that each are in a position to share their particular skills and support others.

The best example of this has been the research in Palliative Care Needs Rounds and the INSPIRED project. This multi-award winning research which aims to integrate specialist palliative care in residential aged care began at Clare Holland House, ACT in 2017. A number of Calvary sites are now implementing this nurse practitioner led model.

The active involvement of palliative care patients and the important contributions they make to research at Calvary and the ultimate delivery of better care must also be acknowledged.

I would like to congratulate the inaugural Chair of the Institute, Professor Liz Lobb from Kogarah for setting up the Institute in 2017 and for the tireless work she has put into building the success of the Institute since that time while continuing with her prolific research portfolio. This year, Liz stepped into the Deputy Chair role in support of the new Chair, Professor Nicholas Glasgow from Calvary Public Hospital Bruce. Nick brings with him a wealth of experience in academic research and primary care. He has a passion for bringing together research, education and clinical excellence in palliative and end of life care in meaningful ways to improve the care and experience of patients and their families across the country, and I welcome him to the role. I would also like to acknowledge Naomi McGowan, who continues to provide invaluable support to the Institute in her role as National Manager Palliative & End of Life Care; and Sam Kelly (Bethlehem) whose marketing and communication expertise has been imperative, particularly in the production of this Annual Report.

The Hon John Watkins AM

National Board Chair, Little Company of Mary Health Care

I commend the work put in by the site leads at each of our participating services that has helped the Institute succeed in its mission. It is only through the passion of our leads and the clinicians and researchers who support them that our different sites are able to reap the rewards of working together and ensure that the evidence gained from research can be translated into action to improve outcomes for palliative care patients and their carers.

My sincere appreciation goes to all of or palliative care researchers throughout Calvary. I look forward to watching your work continue to benefit the delivery of best practice palliative care in the years to come.

John Watkins

John Watkins

Message from the Institute Chair

Professor Nicholas Glasgow

Chair, Calvary Palliative and End of Life Care Research Institute

I am delighted to present the second Annual Report for the Calvary Palliative and End of Life Care Research Institute.

The Mission of the Little Company of Mary is to provide quality, compassionate health care to the most vulnerable, in particular to those reaching the end of their life. Research and innovation are essential to continuous quality improvement in health care, including palliative and end of life care. Under the determined leadership of the foundation chair, Professor Liz Lobb, the Institute was established in response to this Mission to grow research capacity and capability within the Calvary services in order that the quality of palliative and end of life care is always improving within specialist palliative care and non-specialist services across the organisation.

This is the second year of operations for the Institute. It has been a year of consolidation. Regular monthly teleconferences among the four specialist palliative care lead sites at Calvary Health Care Bethlehem, Victoria, Calvary Public Hospital Bruce, ACT, Calvary Mater Newcastle, and Calvary Health Care Kogarah in NSW have strengthened the personal connections and sense of shared commitment to the aims of the Institute, and enabled conversations about where the future opportunities for the Institute lie. In addition to these regular meetings, the leadership of the Institute has been able to have conversations with Brenda Ainsworth, National Director of Hospitals. The Institute reports to the National Leadership Team through Brenda. I am grateful for Brenda's enthusiastic support of the Institute and share her vision for the translation of research into practice across the wider organisation. I thank Brenda and the National Leadership Team for their ongoing support.

This report summarises the activities of the Institute over the last year. As you read it I am sure that you will, like me, be amazed at the number of research activities completed and underway across the Calvary network. Some are being undertaken locally. Others with partners in other parts of the network. Still others with partners outside of Calvary. But all are focused in uncovering new knowledge and new ways of delivering palliative and end of life care that will improve the patient, family and carer experience. There is much to celebrate and be proud of in the activities reflected in these pages.

I commend the section on residential aged care and palliative care needs rounds in this report to you. It is one of several wonderful examples of how a research idea can lead to a body of work that provides sound evidence on which to change practice and improve patient care. It shows how well conducted research can be 'tweaked' and tested to see how it might work in different contexts and settings. It is this kind of applied research that the Institute will focus on – always with the aim of improving care to patients, residents, clients and their families and carers, using robust methodologies so that practice and policy can be developed on a platform of sound evidence.

Research is hard work. It is often undertaken in peoples' own time, rather than in designated research hours. This report is testimony to the incredible established and emerging research talent that is found among those working in Calvary services. I thank them for their work.

Finally, I would like to acknowledge Naomi McGowan, National Manager Palliative and End of Life Care. Part of her role is to support the Institute. She does this superbly. Her energy, commitment, focus, leadership, and enthusiasm drive the Institute forward and ensure it meets its aim. Thank you Naomi for a great year and for all your support.

To all those working and supporting the Institute – thank you. I look forward to next year and what lies ahead.

Nicholas Glasgow

From the co-ordinating team

Institute Update

It has been a busy and exciting year for the Institute. Following a successful launch year, the Institute's lead sites and coordinating office have worked closely together to continue to strengthen collaborations and the translation of research into practice. Calvary is committed to ensuring people reaching the end of their lives, their families and carers have access to evidence-based care of the highest quality. The Institute has an important role in translating this vision into a reality.

This year, we welcomed incoming Chair Professor Nicholas Glasgow (Clare Holland House, Calvary Public Hospital Bruce, ACT). We thank the inaugural Chair, Professor Liz Lobb (Calvary Health Care Kogarah) for her leadership and passion.

Reflecting the ongoing commitment of lead sites and National Office to the Institute, support and dedicated time is provided by the following people:

Professor Nicholas Glasgow, Chair of the Institute

Professor Liz Lobb, Deputy Chair of the Institute

Naomi McGowan, National Manager Palliative and End of Life Care

Sam Kelly, Media and Communications Manager, Calvary Health Care Bethlehem

Site Leads:

Professor Liz Lobb, Calvary Health Care Kogarah

Professor Nicholas Glasgow, Clare Holland House, Calvary Public Hospital Bruce

Dr Scott King (to May 2019); Dr Heidi Gregory (May-July 2019); Dr Chris Grossman (from July 2019), Calvary Health Care Bethlehem

Dr Rachel Hughes; Dr Sarah Moberley (from July 2019), Calvary Mater Newcastle

Highlights

Research Day

On 26th November 2018, 45 researchers, clinicians and managers gathered for the inaugural PEoLC Research Day. Hosted by Calvary Health Care Kogarah, the day included a keynote presentation from Professor David Currow (University of Technology Sydney) about the imperative of conducting clinical trials in the palliative care setting. Dr Annmarie Hosie (Palliative Care Clinical Studies Collaborative, PaCCSC) gave an inspiring talk on her academic journey from a nursing perspective; and Katrina Emy-Albrecht (CareSearch) discussed the wonderful resources provided by CareSearch. Institute site leads presented summaries of research activity over the previous year; Professor Liz Lobb drew on her wealth of experience to share ideas about how to start a research project. An insightful panel discussion rounded off a highly successful and enjoyable day.

Annual Report 2017-18

The inaugural Annual Report was tabled at the Calvary Board meeting in November 2018. This comprehensive report showcases the research activity over the past year, including collaborations, studies, publications and more.

Regional Roadshow

In June 2019, Professor Nicholas Glasgow and Naomi McGowan undertook a regional roadshow. The purpose of the roadshow was to build on the Institute's foundation in the public specialist palliative care services and to engage clinical and non-clinical staff and management across Calvary's acute public and private hospitals, residential aged and community care services. Four visits were made to Canberra, Hobart, Adelaide and Wagga with over 60 people attending. All sessions were very interactive and staff were engaged and enthusiastic about palliative and end of life care research.

Institute Lead Sites

There are four services where the majority of palliative and end of life care research is conducted at Calvary. Lead by a PEoLC research professorial role, Calvary Health Care Kogarah and Clare Holland House ACT are Academic lead sites, with dedicated research staff and clinicians conducting research. Calvary Health Care Bethlehem and Calvary Mater Newcastle are clinical lead sites, where clinicians undertake research alongside their clinical load. The Institute was founded in 2017 by clinicians and researchers from these services who saw an opportunity to drive improvements in outcomes for people approaching the end of their lives through the conduct and implementation of evidence based research.

Calvary Health Care Kogarah (NSW)

Research staff at Calvary Health Care Kogarah (CHCK) includes a Professor of Palliative Care, a clinical trials nurse, PhD and Masters students, a palliative care consultant and a senior research officer. We are also supported by a volunteer Denise O'Dwyer whose assistance is invaluable.

CHCK is participating in important collaborative studies that are being run across NSW and Australia. These collaborations include the Palliative Care Clinical Studies Collaborative (PaCCSC), Psycho-oncology Co-operative Group (PoCoG), Improving Palliative, Aged and Chronic Care through Clinical Research and Translation (IMPACCT) at the University of Technology, Curtin University, University of Notre Dame, Sydney Partnership for Health, Education, Research and Enterprise (SPHERE) and the Cunningham Centre for Palliative Care.

The projects have been supported by various funding bodies and include clinical studies of medications used for common palliative care symptoms. Psycho-social studies cover a wide range of topics including living with uncertainty, end of life communication, unmet PEoLC needs, family meetings, patient reported outcomes and carers' grief and bereavement experiences. Other research activities involve smaller projects looking at the quality of care for our patients, and how we can improve their experience of our service.

Clare Holland House, Calvary Public Hospital Bruce (ACT)

The Calvary Centre for Palliative Care Research, Canberra is a research initiative of Calvary Public Hospital Bruce, based at Clare Holland House. The Centre operates to address priorities in: excellence in care, service development and innovation, clinical research and people and culture. Each project also addresses strategic national and local policy objectives.

The Centre's mission is to make a substantial positive impact on palliative care, improve service delivery and improve patient and carer outcomes by:

- Conducting high quality, multidisciplinary research with a particular focus on the translation of research into practice
- Building research capacity through training and mentoring palliative care clinicians, research students, career researchers and teaching staff

- Advising, collaborating and consulting on key issues and challenges relating to palliative care research with the health industry, clinicians, government, patient/carer groups and other key stakeholders
- Creating and sustaining a collegial, supportive and high performance research culture that is attractive to clinicians, researchers and research students

Project funding comes from competitive research grants, consultancies and from the ACT Health Department. Whenever possible, projects have national and international collaborators to embed the impact and engagement of work in multiple sites and contexts. We also work closely with relevant peak bodies, including Palliative Care Australia.

Calvary Mater Newcastle (NSW)

The Department of Palliative Care at Calvary Mater Newcastle (CMN) is working to consistently improve multidisciplinary patient-centred care for people and their loved ones facing life limiting illness. Palliative care at CMN has strong partnerships enabling research across health settings, including primary care, residential aged care and regional and rural settings.

The service provides comprehensive, integrated, multidisciplinary palliative care across inpatient and community settings, as well as outreach to the wider district and therefore is able to implement research activities across a diverse range of settings.

Current priority research areas include:

- Optimisation of referral and triage processes to enable timely patient centred care
- Participatory action research models into service redesign and optimisation
- Models of multidisciplinary community based palliative care to enable care in the place of preference:
  - ^Home-based enhanced models of palliative care
  - ^Palliative care in residential aged care facilities

The Department of Palliative Care at CMN is integrated into the Hunter New England Palliative and End of Life Care Stream, working in partnership with palliative care services across the geographically diverse district to ensure equitable access to best quality palliative care.

The department is working in partnership with ComCom Newcastle and the Groundswell Project as one of six national ‘Groundbreaker’ sites for Compassionate Communities.

Calvary Health Care Bethlehem (VIC)

Calvary Health Care Bethlehem (CHCB) conducts small research and quality projects which have been presented both orally and as posters at national and international conferences, but the service also recognises the great potential and need to develop their research capabilities and output. Through collaboration with other Calvary sites, Cabrini Health and the Palliative Care Clinical Studies Collaborative (PaCCSC) CHCB has started to work towards achieving this goal. The research team currently consists of the specialist palliative medical staff, working closely with a multidisciplinary team including neurologists, research nurses, psychologists and neuropsychologists.

The development of palliative care research at Bethlehem is a key strategic goal. Although relatively new and growing in palliative care research, Bethlehem has a strong history of research in progressive neurological diseases, particularly Huntington's Disease and Motor Neurone Disease. There is increasing collaboration between specialist neurology clinicians and palliative care physicians, with a number of current joint projects.

The main areas of research in palliative care patients at Bethlehem include rehabilitation in palliative patients, communication and decision making for people living with Motor Neurone Disease and Huntington's Disease, and community palliative care (use of medications, non-malignant disease, presentations to emergency department). CHCB is also a site for the PaCCSC RAPID pharmaco-vigilance studies.

Palliative Care Clinical Studies Collaborative (PaCCSC)

The Palliative Care Clinical Studies Collaborative (PaCCSC) is a member-based Australia-wide research network that aims to improve the wellbeing of people with life-limiting illnesses through:

- The generation of high quality research evidence to support effective palliative care clinical interventions including medications
- Building capacity within the health workforce in the conduct and understanding of high quality palliative care clinical research
- The translation of palliative care research results into clinical practice and policy.

Public health and clinical advances have led to people living longer and consequently having a higher likelihood of warning of death. The role of PaCCSC is to engage in high quality research that provides the evidence base to underpin and optimise quality healthcare practice for people with life-limiting illnesses.

Clinicians across the Institute's Lead Sites are actively engaged with PaCCSC. PaCCSC provides support and assistance to sites participating in clinical trials and research studies, many of which investigate symptom management in areas such as delirium, pain, breathlessness, gut dysfunction and cognitive and neurological disorders.

UTS

Palliative Care
Clinical Studies
Collaborative (PaCCSC)

Sydney Partnership for Health, Education, Research and Enterprise (SPHERE)

Maridulu Budyari Gumal - the Sydney Partnership for Health, Education, Research and Enterprise (SPHERE) is an alliance of universities (University of NSW, The University of Sydney, Western Sydney University, University of Technology Sydney), South Eastern Sydney Local Health District, South Western Sydney Local Health District and nine Medical Research Institutes. It was formally recognised as a National Health and Medical Research Council (NHMRC) Advanced Health Research Translation Centre (AHRTC) in July 2017.

SPHERE's vision is to integrate diverse health disciplines and professions to address unmet local, national and international health priorities and needs through collaboration, innovation and partnership. All SPHERE partners have recognised that investment is anticipated to bring return in the form of improvements in research funding, industry engagement, staff recruitment, higher degree research quality and completion and global rankings. Several members of Calvary Health Care Kogarah are members of the SPHERE Clinical Academic Group in Palliative Care, including Professor Liz Lobb, Dr Jan Maree Davis, Dr Caitlin Sheehan, Dr Linda Sheahan and Dr Jodie Ellis.

Maridulu Budyari Gumal

The Sydney Partnership for Health, Education, Research and Enterprise

Symptom Management

Symptom Management

The management of symptoms that frequently occur when a person is approaching the end of their life is an important area of focus for PEoLC research. Over the past year, Institute lead sites have continued to participate in clinical trials and other research to contribute to the increasing body of evidence that is driving improvements and changes to the management and treatment of these symptoms. These symptoms include breathlessness, pain, delirium, fatigue and depression. A number of studies in progress at Institute lead sites are led by the Palliative Care Clinical Studies Collaborative (PaCCSC).

Depression

Depression is very common in people with very advanced illnesses however usual medications for depression can take up to a few weeks to work. In palliative care these medications might not work in time. Ketamine has been used for some time in anaesthetics, pain and palliative care. At low doses, it has been found to help otherwise well people with difficult-to-treat depression. It works very quickly and effectively. However, this has not been tested in people with very advanced illnesses. This project commenced at Kogarah in May 2018, led by Dr Wei Lee. It aims to find out whether it is possible to use ketamine for depression in those with very advanced illnesses. It will look at how many people with advanced illnesses are happy to receive ketamine; how easy it is to use the medication; how well people receive it; how useful it is to help with depression; and how satisfied people are with using ketamine to help depression; how satisfied people are with the overall trial process.

Breathlessness

Breathlessness can be a frightening and overwhelming problem that is difficult to treat. For many people, breathlessness remains when all the underlying causes of breathlessness have been optimally managed. Breathlessness in these circumstances often occurs at rest or doing routine things like showering or preparing meals. This is a problem affecting tens of thousands of Australians every day and their carers, often for years at a time. Evidence from a number of clinical studies suggests that a small, regular dose of morphine helps to reduce safely the sensation of breathlessness. However, this research on morphine for breathlessness has not defined the best way to adjust the dose of the medication, or define which people are most likely to have a benefit, no response or side effects. PaCCSC are conducting a clinical trial into the use of morphine for breathlessness. Clare Holland House and Kogarah are participant sites.

Delirium

A study is underway to investigate whether a medication called melatonin can prevent delirium in cancer patients when they are admitted to hospital. Delirium is a medical condition that can develop when someone is unwell, and is a common problem when people with cancer are admitted to hospital. Delirium is a syndrome with several features including: change in conscious level (fluctuating between drowsiness and being hyper-vigilant) and changes in cognition, which come on rapidly. Delirium can also affect a person's understanding and awareness, as well as their ability to communicate and interact with their environment. Symptoms of delirium can be very distressing for the patient and their family. The aim of this research project is to compare if there are differences in benefits and side effects in people with cancer taking prolonged release melatonin at night compared with placebo. Benefits in preventing delirium will be measured by the number of days during hospitalisations that the participants has without delirium. We will also compare complications that are commonly associated with delirium, such as the need to remain in hospital longer.

Delirium is common, serious and potentially preventable during advanced illness. Another project at Kogarah aimed to determine whether a multicomponent non-pharmacological delirium prevention intervention was feasible and acceptable for patients with advanced cancer.

This phase II cluster randomised controlled feasibility trial was conducted at four Australian palliative care units. Control sites were waitlisted to the intervention, which provided strategies targeting six care domains: sleep, vision and hearing, hydration, orientation, mobility and family partnership. Interdisciplinary teams delivered the intervention to adult patients with advanced cancer on days 1-7 of admission. The primary outcome was intervention adherence, with ≥ 60% of patients with four or more completed domains for at least five days considered minimum evidence of feasibility without need for intervention modification. Secondary outcomes measured delivery of care, delirium incidence and severity, and adverse events. This pilot study is finished and a manuscript is under review.

Fatigue

A study was commenced at Clare Holland House, Bruce as an initial exploration of whether an individualised exercise program for patients improved their well-being. It was exploratory in nature. Outcome measures were collected three times from the Palliative Assessment tab in the PalCare electronic record: at the commencement of the program, two weeks later and at then at four weeks. Early results were encouraging. However, the study was discontinued due to unforeseen circumstances unrelated to the pilot study.

Psychological adjustment and demoralisation

Researchers at Calvary Health Care Bethlehem are undertaking a study to identify psychological adjustment disorder and demoralisation. During this research, a study psychologist is conducting diagnostic interviews with patients to assess for adjustment disorders and demoralisation as distinct entities.

Symptom Management studies include:

- Breathlessness, Exertion And Morphine Sulphate Study (BEAMS): A pragmatic, phase III, multi-site, double-blind, placebo controlled, parallel arm, dose increment randomised trial of regular, low dose extended release morphine for chronic refractory breathlessness (CHCK, CHH Bruce)
- Randomised, double blind, placebo controlled phase III trial of oral melatonin for the prevention of delirium in hospital in people with advanced cancer (CHCK)
- A multicomponent non-pharmacological intervention to prevent delirium for hospitalised people with advanced cancer: A phase II cluster randomised waitlist controlled trial (CHCK)
- A diagnostic interview for psychological adjustment and demoralisation (CHCB)

Residential Aged Care

Residential Aged Care

People living in residential aged care are older and many are approaching the end of their life. There has been an increased focus on collaborations between aged care and palliative care services to improve outcomes for residents and their families. Research is playing an important role in establishing new evidence-based approaches and models of care for ensuring high quality care is provided to residents at the end of their life.

Significant research has been conducted by the Institute's lead sites in collaboration with local residential aged care services.

Palliative care needs rounds

The demand for palliative care in residential aged care facilities (RACF) throughout Australia is escalating in response to the ageing population and the prevalence of dementia and other chronic and life-limiting illnesses. The team at Clare Holland House, Bruce set-out to address this need and, following on from our initial pilot study, to test the Palliative Care Needs Rounds intervention on a larger scale. Palliative Care Needs Rounds has three components:

1. Palliative Care Needs Rounds
2. Multidisciplinary case conferences
3. Clinical work with residents.

The INSPIRED trial (a stepped wedge mixed-method randomised controlled trial) concluded in June 2018. The trial was funded by ACT Health in partnership with Australian Catholic University and Calvary Public Hospital Bruce. The Palliative Care Needs Rounds intervention was delivered to 1700 people in 12 residential aged care facilities across the ACT by clinicians employed by the Calvary Community Specialist Palliative Aged Care Team at Clare Holland House.

The approach has had a considerable positive impact on patients and carers in the ACT community. The INSPIRED trial met all four outcome measures with the following results:

- Reduced length of stay in hospital and substantially reduced the overall number of hospital admissions. A conservative estimate of annual net cost saving from reducing admissions is $1,759,011
- Staff at most facilities reported they had learnt more about the risks and burdens of hospitalisations and felt more able to support residents in the facility preventing unnecessary admissions
- The intervention improved residents' ability to die in their preferred place through better anticipatory care planning including access to appropriate medicines for end of life care.
- The palliative care needs rounds improved RACF care staff understanding of death and dying, and staff confidence
- RACF staff felt more confident in providing nursing and psychosocial care to residents and relatives and changed their care practices as a consequence of the Needs Rounds, notably in improved pain management
- The intervention improved quality of death and dying in facilities that complied to the intervention protocol.

This research has been recognised nationally through multiple awards over the past year including:

- Recipient of the Medal (OAM) of the Order of Australia in the General Division of the 2019 Australia Day Honours for service to nursing – Nikki Johnston
- Australian College of Nursing Inaugural Health Minister's Award for Nursing Trailblazers– Nikki Johnston
- ACT Nursing and Midwifery Excellence in Clinical Practice Award – Juliane Samara
- HESTA Team Excellence Award – INSPIRED clinical team

As a result of the team's work and successful trial results, the ACT Government announced in the 2019-20 Budget $1.6m funding for Calvary Specialist Palliative Care to implement Palliative Care Needs Rounds across the Territory. This money will be used to increase the number of Nurse Practitioners working within the team so that the Palliative Care Needs rounds can be integrated in all 28 residential aged care facilities in the ACT. Implementation has commenced and it is anticipated that Palliative Care Needs Rounds will be established in all residential aged care facilities by June 2020.

Implementing needs rounds outside the ACT

A study implementing the palliative care needs rounds into rural area was undertaken in two Residential Aged Care Facilities (RACFs) in South East NSW. The aim was to determine if the addition of Palliative Care Needs Rounds (PCNR), a proactive systematic facility site meeting where all palliative residents are discussed and care plans formulated, increases the uptake of advance care plans, increases the capability of RACF staff to identify dying and anticipate residents' terminal phase needs, and improves congruence between residents wishes (e.g. dying in their preferred place) and actual events.

In 2018, Calvary Health Care Kogarah introduced a new model of care – the Palliative Care Needs Rounds into RACFs in the South Eastern Sydney Local Health District (SESLHD). Two palliative care Nurse Practitioners conduct one hour, recurrent, monthly, clinical discussions with RACF staff who are involved in resident and family care. The aims were to a) integrate a specialist palliative care perspective into nursing home care, b) to help identify and prioritise palliative care needs and c) undertake advance care planning for people most at risk of dying within months and with inadequately controlled symptoms and no plan of care. Five triggers were used for meeting the criteria for a resident discussed in the PCNR:

1) physical or cognitive decline or exacerbation of symptoms,
2) No advance care plan,
3) conflict within the family around treatment and care options,
4) residents that were transferred from acute care to a RACF for end of life care,
5) resident who the carer would not be surprised if the resident would die in the next six months.

This study will evaluate the PCNRs by interviewing staff in participating RACFs to elicit information about how the introduction of PCNRs has influenced the care of their residents.

Enabling person centred-care in residential aged care facilities

The aim of this research is to assess the current status of end of life care with within aged care facilities. CMN has partnered with six aged care facilities, and will look at outcomes according to the level of Nurse Practitioner support: Those with in-house Nurse Practitioners (n=2), those with support from outreach Nurse Practitioner based at the hospice (n=2), and those with limited Nurse Practitioner support and rely on General Practitioners (n=2).

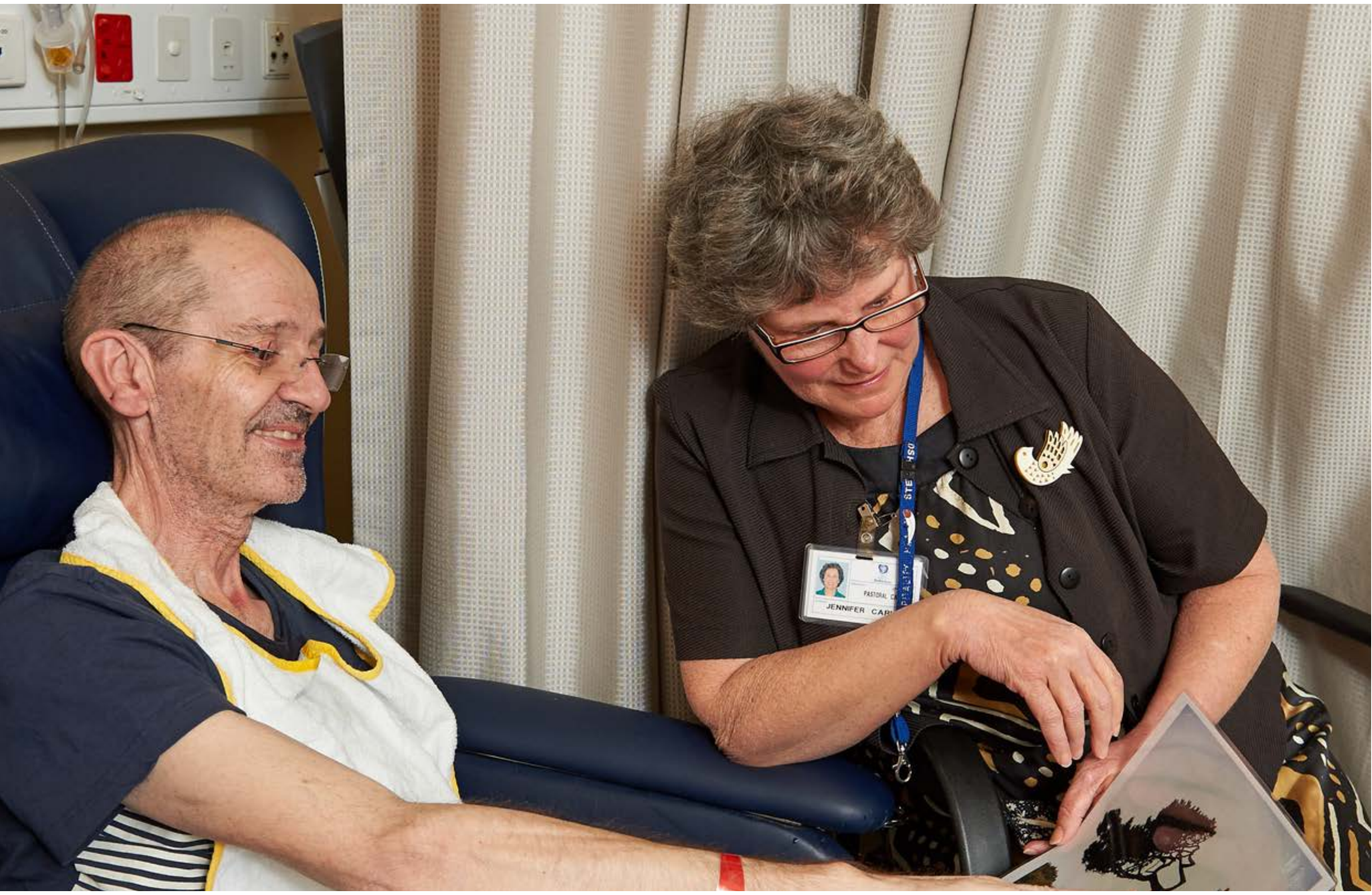
Methods include an assessment of the rate of transfer to the emergency department over two years, the last 30 and three days of life. Rates of transfer will be adjusted for key facility characteristics. Focus group discussions and key informant interviews will be held with facility staff members and general practitioners respectively. Thematic analysis of qualitative data will be conducted using NVivo.

This project is part way through and results will be available June 2020.

Residential Aged Care studies include:

- Integrating Specialist Palliative Care into residential care for older people: A stepped wedge trial (INSPIRED) (CHH Bruce)
- Integrating Palliative Care Needs Rounds into rural residential aged care. A mixed methods study (CHH Bruce)
- Enabling person centred-care in residential aged care facilities (CMN)
- An evaluation of palliative care needs rounds in residential aged care facilities in South Eastern Sydney Local Health District: Interviews with RACF staff (CHCK)

Caregiving



Caregiving

For specialist palliative care services, care of the family during the illness and death of the patient, as well as provision of bereavement support following that death, are an integral part of their mission. Several studies have been undertaken to understand the needs of carers during the caring phase but also into the bereavement phase after the patient's death.

Caring and high grade gliomas

High Grade Glioma has a poor prognosis with a median survival of around 15 months and a 10% five-year survival. Patients experience functional, emotional or cognitive decline, often with the inability to work, drive or participate in productive activities. The last phase in this program of work aimed to evaluate a nurse-led tailored home-based education and support program for carers of people with High Grade Glioma using a randomised controlled trial design. Recruitment is finished and the data is being analysed and written up for publication.

Mapping grief

A program of research was funded by a Collaborative Research Network Grant through the University of Notre Dame. Four PhD studies and one post-doctoral study was funded under this scheme which commenced in 2013. Topics of investigation included patient-centered family meetings; sleep disturbance in carers of community based palliative care patients; opioid errors and managing pain in older adults. To date two PhDs are completed and a third is near completion.

The Mapping Grief Study led by Dr Jane Mowll aimed to understand the experiences of care, grief and adjustment of family members over 22 months. The study finished recruitment in 2018 and data analysis was undertaken with presentations at national and international conferences. Results of interviews with those bereaved carers who experienced a home death indicate that navigating the path to care and death at home is not always smooth. Bereaved caregivers provided accounts of their interactions with health care providers depicting a complex relationship with the care system. Some families struggled to manage boundaries of home and private space as care needs escalated. Ideals about best care and home death sometimes conflicted, without easy consensus between patient, family and service providers. Analysis of interviews suggest that models of care based on assumptions that home death is straightforwardly beneficial may cause unintended consequences and suggested that for future policy, providing care in the private space of the home requires close attention to family concerns and outcomes.

Improving outcomes for bereaved individuals

The purpose of this study was to understand the emotional experiences of carers of palliative care patients both before and after the patient's death. Researchers wanted to understand their mood and general functioning, coping strategies, important relationships, and other life events. From this information a screening tool was planned which would help to identify carers who may be at risk for poor long-term psychological outcomes following bereavement. This would ensure that appropriate bereavement services are offered to support people after they have experienced the death of a relative or a friend in palliative care. Recruitment to this study was challenging, perhaps due to the technology, as surveys were completed via a smart phone app. Kogarah leads are now revising the methodology.

Caregiving studies include:

- Confidence to Care: A multistate randomised controlled trial of structured nurse led, home based support and education for caregivers of people with high grade glioma (CHCK)
- Translating evidence into action to improve outcomes for palliative care patients and their care givers (CHCK)
- The experiences of care, grief and adjustment for family members bereaved after a coronial or palliative care death: A mixed method longitudinal study (CHCK)
- Improving outcomes for bereaved individuals: A longitudinal study to develop an early risk identification tool (CHCK)

Community Palliative Care

Community Palliative Care

Triage project

Historically, at Calvary Mater Newcastle(CMN) new referrals to the community based palliative care service were seen by a Visiting Medical Officer (VMO) in the first instance. There were concerns around the time taken for this first visit to occur. A triage process for new referrals commenced in 2018. A Nurse Practitioner reviewed all patients records, conducted a telephone interview and referred to the most appropriate practitioner across the multidisciplinary team within a defined time period based on urgency.

Researchers at CMN assessed data on six months of new referrals, three months prior to 'triage', and three months following the new process. A decrease was documented in the number of patients seeing a VMO in the first instance and the first visit spread across the multi-disciplinary team; with increasing numbers of patients seeing nursing, occupational therapists, or having a joint allied health visit. No evidence of harm was found, with fewer patients seeing a VMO in the first instance, as there was a reduction in the number of emergency department presentations following the introduction of the triage process. A slight increase was also noted in the number of patients having their end of life care at home, although many patients in the post-triage cohort were still alive.

Supporting end of life care at home

This project aimed to design and evaluate a partnership between a specialist outpatient palliative care service and local equipment loan service to improve community outreach patient centred care and optimise access to equipment.

Scoping and development of a partnership of the Calvary Mater Newcastle Department of Palliative Care (CMN DOPC) and Hunter Equipment Service (HES) to outsource provision of general palliative care equipment through a satellite loan pool was undertaken. Survey and focus group of palliative care clinical staff was conducted to assess challenges and gaps, identify optimal equipment resources, the role of outsourcing general equipment and potential for improved access to highly specialised equipment.

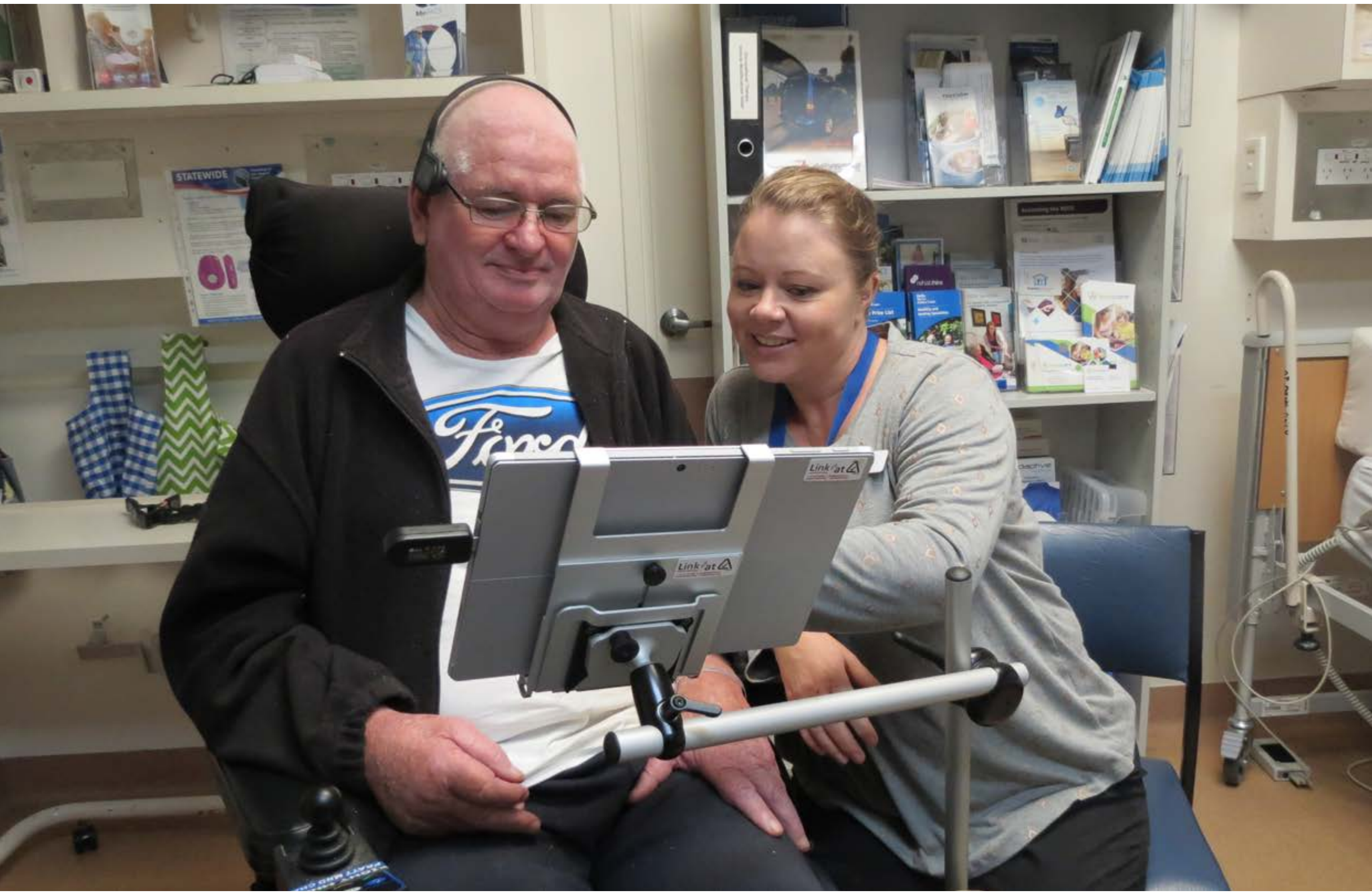
The onsite availability of Activities of Daily Living (ADL) loan equipment assets increased from 52% to 96% following the establishment of the HES satellite loan pool. Clinician satisfaction as well as supply of equipment, embedding of operational policy and procedures pertaining to transport and maintenance were improved. Cost savings enabled purchase of highly specialised loan equipment for complex needs.

The partnership between CMN DOPC and HES has had significant positive impacts on equipment available for loan to support palliative patient care in their home and has resulted in improved clinician satisfaction with access to equipment loan resources.

Community Palliative Care studies include:

- Implementation and evaluation of a community-based palliative care triage model (CMN)
- Supporting End of Life Care at Home: A case study of the Equipment Commitment project (CMN)

Communication



Communication

Patient reported outcomes

Patient-reported outcome measurements (PROMs) play an increasingly important role in health care in allowing patients to assess the effect and quality of their care. In 2017, Calvary Health Care Kogarah undertook a study using the Palliative Care Outcomes Scale (POS) at discharge. The findings from this study gave a broader insight into the patient experience and led to adjustments in patient care. The results from this Agency for Clinical Innovation (ACI) funded study were presented at the Biennial State Palliative Care Conference in Kiama and the NSW Health Patient Experience Symposium. Subsequently a fourth year medical student Marcus Gan did a follow up study to further inform the usefulness of PROMs in routine clinical care. In this study PROMs were assessed on patient admission as well as at discharge and had an additional component to compare the healthcare providers' assessment of POS feedback with the patients' reports. The study is now complete and the results are being written up.

Family meetings

Despite family meetings being widely used to facilitate discussion amongst patients, families and clinicians in palliative care, there is limited evidence to support their use. This study aims to: assess the acceptability and feasibility of patient-centred family meetings in specialist inpatient palliative care units for patients, families and clinicians; and determine the suitability and feasibility of validated outcome measures from the patient and family perspectives. The study is a mixed methods quasi-experimental design with pre-planned patient-centred family meetings at the intervention site. The patient set the meeting agenda a priori allowing an opportunity for their issues to be prioritised and addressed. At the control site, usual care was maintained which may have included a family meeting. Pre and post-test measures of patient and family distress, quality of life and satisfaction were obtained. Patient, family and clinician interviews post-meeting provided insights into the meeting feasibility and outcome measures. Recruitment percentages and outcome measure completion also informed feasibility. This PhD study has completed recruitment and is being written up for submission by PhD candidate Philippa Cahill.

Resources for people with a Chinese background

Funded by the Cancer Institute NSW and developed in collaboration with CanRevive – a Chinese cancer support organisation, a project was undertaken at Calvary Health Care Kogarah to develop resources for palliative care patients and their families with Chinese background. The first stage aimed to identify the issues and barriers for palliative care patients with Chinese ethnicity background and their families in accessing palliative care services and importantly to develop information and service strategies to improve the quality and access to palliative and end-of-life care care. Information evenings and focus groups were held and surveys completed. The information booklet and DVD was launched to the Chinese community and featured in the Chinese language newspapers in October 2018.

Understanding consumers' perspectives and experiences

The team at Kogarah are contributing to a study that exams the literature to identify methods that promote active inclusion and participation of people with impaired decision-making capacity in research. This research was funded by a Sydney Partnership for Health, Education, Research and Enterprise (SPHERE) grant awarded to a team of researchers led by Dr Annmarie Hosie at the University of Technology of which Professor Liz Lobb from Calvary Health Care Kogarah is a member. The rationale is that older people (i.e. those aged 65 years and older), particularly those with impaired decision-making capacity due to cognitive or physical conditions, are under-represented in clinical research for a variety of reasons. Under-representation of older people in research is in part due to the challenges of ensuring informed consent and valid outcome measures when a cognitive or physical condition(s) reduce a person's capacity to make informed decisions and/or communicate. However, older people with certain conditions sometimes are generally viewed as too vulnerable to participate in research. Additionally, legislative and ethical requirements, which vary across state, national and international jurisdictions, may overly restrict their opportunities for research participation. A further barrier may be non-evidence-based assumptions that certain clinical interventions would not benefit older people.

Communication studies include:

- Research participation by older people with impaired decision-making capacity: A scoping review of consumers' perspectives and experiences (CHCK)
- A prospective study to examine the effectiveness of specialised palliative care in addressing and improving patient reported outcomes during in-patient care using the Palliative Care Outcomes Scale (CHCK)
- Valuing Opinions, Individual Communication and Experience (the VOICE study). Building the evidence base for undertaking patient-centered family meetings in palliative care: A mixed methods study (CHCK)
- Light in the Darkness – Information and resources for palliative care patients and their families with Chinese background (CHCK)
- Research participation by older people with impaired decision-making capacity: A scoping review of consumers' perspectives and experiences (CHCK)

Planning

Planning

Advance care planning and dementia

This work implemented and tested a national approach to advance care planning for people with dementia (>413,000 people are currently diagnosed and living with dementia in Australia). The work was undertaken in conjunction with the peak bodies for palliative care and Alzheimer's disease. It aimed to develop, implement and test new methods of supporting people with dementia. The project built on Palliative Care Australia's 'Dying to Talk' discussion starter. The work is now complete.

Preventable presentations at emergency departments

Presentation to Emergency Departments (EDs) for palliative care patients may be avoidable. Multiple ED visits can be considered markers of sub-optimal care and can cause distress to patients and carers. Studies of nursing home residents' use of EDs report high rates of admission, despite easy access to medical care, notably for pneumonia and urinary tract infections. This study sought to understand why patients in receipt of specialist palliative care out-patient services attend the ED and to develop alternate care pathways. This was a mixed method study, with retrospective case-note audit of medical records combined with prospective qualitative data from clinician and patients.

End of life planning for people living in rural and remote communities

Palliative Care Australia (PCA), in partnership with the Royal Flying Doctor Service of Australia (RFDS) applied for, and was successful in obtaining, funding from the Australian Government Department of Health to undertake a pilot project on end of life care planning. This study made use of an iPad based application, developed by PCA for use in remote RFDS clinics, to support clinic doctors and nurses engaged in end of life care conversations with appropriate patients. The primary aims were to identify pre- and post- intervention positions of patients on a six-stage continuum of planning for their end of life. The pilot study is due for completion in late 2019.

Validation of life-space assessment for palliative care

The purpose of this study is to investigate how often community palliative care patients get to visit certain parts of their living environment (house/flat/townhouse etc), their outside area and neighbourhood during 28 day period. Palliative care aims to minimise the impact of symptoms, optimise physical functioning and support people to engage with the activities they find meaningful for as long as possible.

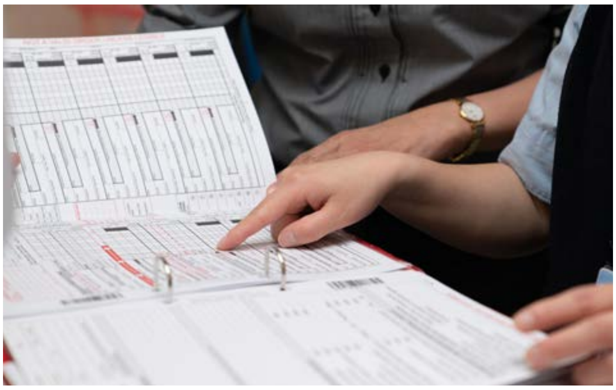
Asking about the level and degree of engagement in the living environment will help the research team to better understand how often patients get to visit areas outside of their bedroom and the degree of assistance required to get to these places. Measuring the level and degree to which palliative care patients interact within their living environment may be as equally important as determining the level and quality of symptom control. This study aims to determine whether this assumption is correct. It is being sponsored by the University of Technology Sydney and funded as part of the support provided by the Palliative Care Clinical Studies Collaborative.(PaCCSC)

Using a video decision support tool (VDST) for advance care planning

Planning for the future in the context of advancing illness is important but can be challenging. A randomised controlled trial at Calvary Health Care Bethlehem is using video assisted decision making tools to understand if this technology may support patients and caregivers to navigate and complete advance care planning documents.

Planning studies include:

- Dying to talk: Advance care planning for people with dementia (CHH Bruce)
- Preventable presentations at emergency departments by patients receiving special ist out-patient palliative care in the Australian Capital Territory (CHH Bruce)
- End of life planning for people living in rural and remote communities (CHH Bruce)
- Validation of life-space assessment for palliative care (CHCK)
- A pilot randomised control trial of a video ` decision support tool (VDST) for advance care planning in patient caregiver dyads (CHCB)



Palliative Neurological

Palliative Neurological Research

Calvary Health Care Bethlehem (CHCB) is the site of the Statewide Progressive Neurological Diseases Service (SPNDS), receiving referrals from across Victoria to provide care for people living with complex progressive neurological diseases.

Central to the SPNDS is continuing to understand these complex diseases through ongoing programs of research. The research being undertaken at CHCB is particularly focused on Motor Neurone Disease and Huntington's Disease.

Led by the highly experienced researcher Dr Susan Mathers, the neurology team at CHCB have continued to contribute to the field of progressive neurological disease research. Ongoing studies include a range of Phase I through to Phase III international clinical trials evaluating the use of agents that may slow progression of diseases including Motor Neurone Disease and Huntington Disease.

At CHCB, the specialist palliative care and neurology teams have been working together for some time to improve outcomes for people with progressive neurological conditions as they approach the end of life. This collaboration is now giving rise to new research initiatives, including the 'My Neuro Palliative Care' project. Supported by a Department of Health and Human Services (Vic) innovations grant in 2019, this exciting research is investigating an integrated approach for people living with a progressive neurological disease. The initial focus is to explore the behaviours and expectations of progressive neurological disease patients, families and professional care-givers in palliative care organisations in Victoria.

Ultimately, this study aims to provide state-wide guidance on how best to support this complex group of patients, including in regional and remote services. This will likely be a multi-site project, with initial expressions of interest coming from services across metropolitan and regional Victoria. The research team at CHCB are excited at the possibilities this project may bring to help guide care for this often complex and under-resourced group.

This year has seen some staff changes at CHCB, with a number of new clinicians and researchers joining the palliative neurological research collaboration. With these changes, brings new opportunities for research and collaboration. This team of new and more experienced researchers share an ongoing commitment to improving the quality of life of people living with progressive neurological disorders and the families, carers and communities supporting them.

Palliative Neurological studies include:

- My Neuro Palliative Care: An integrated approach for people living with a progressive neurological disease (CHCB)
- Communication and decision making in Motor Neurone Disease (CHCB)
- End of life wishes and concerns for people living with Huntington's Disease and their caregivers (CHCB)
- Motor Neurone Disease – What happens in the terminal phase of the illness? A retrospective, inpatient, clinical audit (CHCB)

Other PEoLC studies

Other PEoLC studies

Oral intake at the end of life

Few studies have focused on the changes in oral intake at end of life, yet clinicians report using a reduction in oral intake as an indicator of pending death. Studies show that anorexia, weight loss, difficulty in swallowing, shortness of breath, cognitive failure and confusion are associated with a shorter life span and that 98% of cancer patients experience weight loss before death.

This study led by Dr Jodie Ellis at Calvary Health Care Kogarah asked a number of questions: Is there any evidence for this association between change in oral intake and pending death? If there is a reduction in intake, what is the cause? What symptoms prevent patients from eating? How malnourished are these patients? What are the implications for our patient group? A clinical audit of food intake in 100 palliative care patients will allow researchers to consider the nutritional and hydration impact of patients being moved from a full diet to texture modified diets whilst in the palliative care unit. It is important to understand the fluid intake of patients on the palliative care ward as poor fluid intake is also a predictor for complications such as delirium.

Empathic distress, compassion fatigue and resilience in health professionals

The goal for this literature review is to develop a workshop for staff development. Researchers at Clare Holland House noted that the latest research has switched from the idea of compassion fatigue to empathic distress fatigue. This has implications for people, such as ourselves and our palliative care colleagues, working in caregiving professions.

Research around empathy by Tania Singer shows that in principle people are much more connected to others than they are consciously aware. and therefore in constant affective resonance with others. For healthcare professionals – nurses, doctors, allied health, pastoral care, administration, support services etc this can mean constantly feeling and carrying the suffering of others which can accumulate over time. Research shows cultivating self-compassion can help health care professionals face the daily demands of clinical care in the face of such suffering.

The role of specialist palliative care in geriatric care

A project at Calvary Health Care Bethlehem used online questionnaires to assess geriatricians' palliative care knowledge and their attitudes and perspectives regarding the role of specialist palliative care. This study aims to evaluate geriatricians' perceptions regarding the role of specialist palliative care within their practice, including their current palliative care practices and knowledge.

Ethnic minority views of euthanasia

A systematic review on the views of minority populations on assisted dying and euthanasia is being conducted at Calvary Health Care Bethlehem. Particularly in light of recent legislation changes in Victoria, this study aims to review the literature and explore the breadth (or otherwise) of existing Australian research around the views of minority populations on assisted dying and euthanasia.

Other PEoLC studies include:

- Oral intake at the end of life: Determining changes in patients' oral intake and effect of nutrition impact symptoms (CHCK)
- Literature search looking for research already published around empathic distress, compassion fatigue and resilience in health professionals (CHH Bruce)
- The role of specialist palliative care in geriatric care: A knowledge, attitudes and practices survey (CHCB)
- Ethnic minority views of euthanasia: A systematic review (CHCB)

Institute Research Activity by Site

The Calvary Palliative and End of Life Care Research Institute includes four lead sites which are each engaged in clinical research in addition to quality improvement, service development and more. The Academic Research Units (Calvary Public Hospital Bruce and Calvary Health Care Kogarah) have formal relationships in place with one or more local universities as well as dedicated research positions and a professorial position. Other clinicians also lead and conduct research in addition to their clinical work. At the Clinical Research Units (Calvary Health Care Bethlehem and Calvary Mater Newcastle), clinicians also have formal relationships with local universities however they may not have designated research positions. At these sites, clinicians lead and conduct research in addition to their usual clinical load.

Academic Research Centres

Calvary Public Hospital Bruce

About our Researchers

Professor Nicholas Glasgow - Emeritus Professor, The Australian National University

Head of the Calvary Centre for Research in Palliative Care

Research interests: Health services research, chronic disease and comorbidity. **Inspiration:** The opportunity to work with others to expand knowledge aimed at improving patient care. **Involved in research for:** 30 years.

Dr Suharsha Kanathigoda - Medical Director Palliative Care ACT & CHH

Site Investigator

Research interests: Promoting the importance of high quality research being embedded into clinical services with the aim to improve patient outcomes. **Inspiration:** Seeing research activities grow and produce results that change practice. **Involved in research for:** 20 years.

Nikki Johnston OAM - Palliative Care Nurse Practitioner

Site Investigator

Research interests: The impact of experience of trauma on the way we die; palliative and end-of-life care in residential aged care. **Inspiration:** Changing practice and policy through the conduct of high quality research. **Involved in research for:** 30 years.

Dr Suzanne Rainsford - Palliative Medicine Specialist, General Practitioner

Site investigator; Research Fellow at the Australian National University

Research interests: The 'safe death' in rural settings, including residential aged care. **Inspiration:** Improving the end-of-life experience for patients, their families, and health care professionals. **Involved in research for:** 7 years.

Juliane Samara - Nurse Practitioner
Site Investigator

Research interests: Palliative care, exercise in oncology. **Inspiration:** Contributing to establishing an evidence base to provide excellent end of life care. **Involved in research for:** 6 years.

Other clinicians and health professionals involved in research in 2018-2019 included:
Julie Kulikowski, Mary Waterford, Pip Davies, Dr Sivaraj Rajadorai, Dr Lea Currie and Dr Kathryn Forwood

Research Activity 2018/19

Research Studies

Integrating Palliative Care Needs Rounds into rural residential aged care: A mixed methods study. Rainsford,S., Johnson, N., Wai-man, L, Glasgow, N., Forbat, L.

Strengthening capacity and coordination of palliative care in rural Residential Aged Care. Rainsford,S., Glasgow, N., Phillips, C., Hall, S.

Talking in the Bush. Glasgow, N., Rainsford,S., Kanathigoda,S.

Individualised gym program for inpatient palliative care patients for fatigue levels and functional status. Davies, P.

Literature search looking for research already published around empathic distress, compassion fatigue and resilience in health professionals. Waterford, M.

Integrating Specialist Palliative Care into residential care for older people; A Stepped wedge trial (INSPIRED). Forbat, L., Liu, W., Koerner, J., Lam, L., Samara, J., Chapman, M., Johnston, N.

Breathlessness, Exertion And Morphine Sulphate Study (BEAMS): A pragmatic, phase III, multi-site, double-blind, placebo controlled, parallel arm, dose increment randomised trial of regular, low dose extended release morphine for chronic refractory breathlessness. Kanathigoda, S. (CI at Bruce) PaCCSC

Publications

Forbat, L., Johnston, N., Mitchell I. (2019). Defining specialist palliative care: Findings from a Delphi study of clinicians. Australian Health Review. https://doi.org/10.1071/AH1819

Nayar, S., Rajadorai, S., Robertson, T., Swaminathan, A. (2019). Clinical and pathological correlation inan uncommon motor neurone disease presenting with Type II respiratory failure Case reports in Internal Medicine. https://doi.org/10.5430/crim.v6n1p22

Du, W., Chong, S., McLachlan, A.J., Luo, L., Glasgow, N., Gnjidic, D. (2019). Adverse drug reactions due to opioid analgesic use in New South Wales, Australia: A spatial-temporal analysis. BMC Pharmacology and Toxicology. https://doi.org/10.1186/s40360-019-0333-7

Luo, L., Du, W., Chong, S., Ji, H., Glasgow, N. (2019). Patterns of comorbidities in hospitalised cancer survivors for palliative care and associated in-hospital mortality risk: A latent class analysis of a statewide all-inclusive inpatient data. Palliative Medicine. https://doi.org/10.1177/0269216319860705

Rainsford, S., Phillips, C.B., MacLeod, R.D., Wilson, D.M. (2019). Funeral and interment practices of rural residents: A mixed methods study. Death Studies, 1-9. https://doi.org/10.1080/07481187.2019.1616853

Zhang, H., Du, W., Gnjidic, D., Chong, S., Glasgow, N (2019). Trends in adverse drug reaction-related hospitalisations over 13 years in New South Wales, Australia. Internal Medicine Journal, 49 (1) 84-93. https://doi.org/10.1111/imj.14134

Forbat, E., François, K., O'Callaghan, L., Kulikowski, J. (2018). Family Meetings in Inpatient Specialist Palliative Care: A Mechanism to Convey Empathy. Journal of Pain and Symptom Management, 55(5). https://doi.org/1253-1259 https://doi.org/10.1016/j.jpainsymman.2018.01.020

Presentations

Rainsford, S. An initiative to improve palliative care provision by health care workers and general practitioners working in rural residential aged care. Oceanic Palliative Care Conference. Perth, WA, October 2019

Kirk R. Increasing accessibility among Aboriginal and Torres Strait Islander peoples to Specialist Palliative Care Services. Oceanic Palliative Care Conference. Perth, WA, October 2019

Rainsford, S. & Phillips, C.B. An interview is not a consultation: The dual role of clinician-researcher. Lessons from an ethnographic study exploring rural patients and family caregivers' perspectives on the 'good death'. 22nd International Congress on Palliative Care. Montreal, Canada, October 2019

Conference Posters

Rainsford, S. (2019). The 'Safe Death': Rural end-of-life care as described through the stories of patients and family caregivers. Oceanic Palliative Care Conference Perth, WA

Rainsford, S. (2019). Does funeral planning influence the bereavement process? Funeral and interment practices and preferences of residents in a rural setting. Oceanic Palliative Care Conference Perth, WA

Rainsford, S., Glasgow, N.J., Phillips, C.B., MacLeod, R.D., Wiles R.B. (2018). The influence of rural culture on place of death: An ethnographic study exploring the experiences of patients and family caregivers. 22nd International Congress on Palliative Care. Montreal, Canada

Committees

Professor Nicholas Glasgow

RACP Curriculum Advisory Group: Member (For AChPM)

Australian Pharmacy Council: Councillor

Canberra Region Medical Education Council: Member

PaCCSSC: Member

Dr Suharsha Kanathigoda

PaCCSSC: Member

ACT Palliative Care Covernance Committee: Member

ACT Palliative Care Forum: Member

Alexander Maconochie Centre model of care development group: Member

RACP regional committee NSW/ACT: Deputy Chair

Nikki Johnston OAM

Clinical Leadership Forum: Member

AIVL Healthy Ageing Project Advisory Group: Member

Life Circle Australia Clinical Committee: Member

Dr Suzanne Rainsford

McGrath Foundation, Expert Reference Group - Breast Cancer Nursing Model of Care: Member

Co-ordinaire Primary Care Network, Advisory Group, Palliative and end of life care in southern NSW: Member

Expert Reference Group, Project to develop a palliative care bereavement support model 2017-2018: Member

Southern NSW Local Health District: Member

PaCCSSC: Member

Juliane Samara

Australian College of Nurse Practitioners National Council: Member

ACT Chapter Australian College of Nurse Practitioners: Chair

ACT Nursing and Midwifery Leaders Network Group: Member

Academic Research Centres

Calvary Health Care Kogarah

About our Researchers

Professor Liz Lobb - Professor of Palliative Care (Allied Health)
Head of Research, Calvary Health Kogarah, Adjunct Professor; University of Notre Dame, Sydney and University of Technology, Sydney

Research Interests: Loss, grief and bereavement in carers, in particular prolonged grief disorder. **Inspiration:** Participating in research that translates directly to patient care and support for carers; supporting clinical staff to turn their clinical questions into a research concept and watching the next generation of PhD and Masters students flourish. **Involved in research for:** 23 years.

Dr Caitlin Sheehan - Palliative Care Physician
Site investigator PaCCSC

Research Interests: Symptom management in palliative care; research at very end of life; consent in palliative care. **Inspiration:** To improve overall end of life care for patients. **Involved in research for:** 9 years.

Dr Jodie Ellis - Head of Department, Dietetics, Speech Pathology and Psychology
Site Investigator

Research Interests: cachexia, nutrition impact symptoms, oral intake, the impact of food and nutrition on patients, carers and health professionals in palliative care. **Inspiration:** Discovering the unknown and supporting our patients and carers to lead the most fulfilling life possible. I also love encouraging other clinicians and students to undertake research. Watching the next generation of researchers develop into passionate and successful researchers is very rewarding. **Involved in research for:** 21 years.

Dr Safrina Thristiawati - Senior Research Officer

Researcher and data analyst for PEoLC Research

Research Interests: Psycho-social-cultural dimensions of palliative and end of life care. **Inspiration:** contributing to close inequality in health. **Involved in research for:** 10 years.

Ruth Dunleavy - Registered Nurse

Clinical Trials Nurse

Research Interests: Clinical and nursing issues in palliative care. **Inspiration:** A drive to improve our knowledge base in palliative care and hence our quality of care.

Other clinicians and health professionals involved in research in 2018-2019 included:

Dr Jane Mowll, Dr Jan Maree Davis, Jane Graham, Carmen Sanchez, Josh Cohen, Philippa Cahill, Mei Lau, Margo Green, Erin Thompson

Research Activity 2018/19

Research Studies

Confidence to Care: A multistate randomised controlled trial of structured nurse led, home based support and education for caregivers of people with high grade glioma. Halkett G.K.B., Nowak A, Lobb E.A., Agar M., Miller L., Moorin R., Shaw, T.

Translating the Palliative and End of Life Care Blueprint into practice in a specialist palliative care unit: A pilot study using patient reported outcomes. Lobb, E.A., Graham, J., Lau, M., Davis, J M.

Phase II (pilot) cluster randomised controlled trial of a multi-component multi-disciplinary non-pharmacological intervention to prevent delirium for hospitalised people with advanced breast cancer. Agar, M., Hosie, A., Phillips, J., Lam, L., Kochovska, S., Brassil,. M., Noble, B., Kurrie, S., Cumming, A., Caplan, G., Chye, R., Le, B., Ely, W., Lawlor, P., Bush, S., Davis, JM, Lovell, M.I.

Breathlessness, Exertion And Morphine Sulphate Study (BEAMS): A pragmatic, phase III, multi-site, double-blind, placebo controlled, parallel arm, dose increment randomised trial of regular, low dose extended release morphine for chronic refractory breathlessness. Sheehan, C. (CI at CHCK) PaCCSC

Light in the Darkness – Information and resources for palliative care cancer patients and their families with Chinese background. Man, S., Graham, J.

The life space validation study. Phillips, J., Sheehan, C.

The VOICE Study - Valuing opinions, individual communication and experience. Cahill, P., Phillips,J., Lobb, E.A., Sanderson.C.

Subcutaneous ketamine infusion in palliative care patients with advanced life limiting illnesses for major depressive disorder: A phase II pilot feasibility study. Lee, W., Sheehan, C., Stafford-Bell, F., Chye, R., Loo, C., Draper, B., Agar, M., Currow, C.

An evaluation of palliative care needs rounds in residential aged care facilities in South Eastern Sydney Local Health District: Interviews with RACF staff. Cohen, J., Sanchez, C., Lobb, EA., Thristiawati, S.

Research participation by older people with impaired decision-making capacity: A scoping review of consumers' perspectives and experiences. Hosie, A; Kochovska, S., Ries, N., Caplan, G., Agar, M., Gilmore, I., Sheehan, C., Parker, D., Sinclair, C., Collier, A., Visser, M., Xu, X., Chye, R., Lobb, E.A., Sheahan, L., Brown, L., Lee, W., Sanderson, C., Amgarth-Duff, I.

Randomised, double blind, placebo controlled phase III trial of oral melatonin for the prevention of delirium in hospital in people with advanced cancer Sheehan, C. (CI at CHCK). PaCCSC

Improving outcomes for bereaved individuals: A longitudinal study to develop an early risk identification tool Maccallum, F.

Oral intake at the end of life: Determining changes in patients oral intake and effect of nutrition impact symptoms Ellis, J., Peebles, T.

A prospective study to examine the effectiveness of specialised palliative care in addressing and improving patient reported outcomes during in-patient care using the palliative care outcomes scale Davis, J.M. Gan, M., Brennan, F., Lobb, E.A., Sheehan, C.

The experiences of care, grief and adjustment for family members bereaved after a coronial or palliative care death: A mixed method longitudinal study Mowll, J., Lobb, E.A., Sanderson, C., MacLeod, R.

Publications

Lobb, E.A., Schmidt, S., Jerzmanowska, N., Swing, A., Thristiawati, S. (2019). Patient reported outcomes of pastoral care in a hospital setting. Journal of Health Care Chaplaincy, Vol 25 (4), 131 – 146. https://doi.org/10.1080/08854726.2 18.1490059

Hay, A., Hall, C.W., Sealey, M., Lobb, E.A. & Breen, L.J. (2019). Developing a practice-based research agenda for grief and bereavement care. Death Studies, ePub ahead of print. https://doi.org/10.1080/07481187.2019.1636897

Lobb, E.A., Bindley, K., Sanderson, C., MacLeod, R., Mowll, J. (2019). Navigating the path to care and death at home – it is not always straightforward: A qualitative examination of the experiences of bereaved family caregivers in palliative care. Journal of Psychosocial Oncology Research and Practice, 1(1), e3. https://doi.org/10.1097/OR9.0000000000000003

Zordan, R., Bell, M., Prince, M., Remedios, C., Lobb, E.A., Hall, C., Hudson, P. (2019). Long term prevalence and predictors of prolonged grief disorder amongst bereaved cancer caregivers: A cohort study. Palliative and Supportive Care , ePub ahead of print. https://doi.org/10.1017/S1478951518001013

Andriessen, K., Lobb, E.A., Mowll, J., Dudley, M., Draper, B., Mitchell, P.B. (2019). Help-seeking experiences of bereaved adolescents: A qualitative study. Death Studies, 43(1), 1-7. https://doi.org/10.1080/07481187.2018.1426657

Green, A., Jerzmanowski, N., Green, M., Lobb, E.A. (2018). "Death is difficult in any language": A qualitative study of palliative care professionals' views on providing end-of-life care to patients from Culturally and Linguistically Diverse backgrounds". Palliative Medicine, 32(8), 1419–1427. https://doi.org/10.1177/0269216318776850

Green, A., Jerzmanowski, N., Thristiawati, S., Green, M., Lobb, E.A. (2019). Culturally and Linguistically Diverse palliative care patients' journeys at the end-of-life. Palliative & Supportive Care, 1-7. https://doi.org/10.1017/S1478951518000147

Lobb, E.A., Schmidt, S., Jerzmanowska, N., Swing, A., Thristiawati, S. (2019). Patient Reported Outcomes of Pastoral/Spiritual Care in a Hospital Setting. Journal of Health Care Chaplaincy, 25(4), 131-146. https://doi.org/10.1080/08854726.2018.1490059

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Presentations

Ellis, J. Palliative Nutrition Renal Supportive Care Symposium. August 2019

Cohen. J. Specialist palliative care in residential aged care setting. Leading Aged Service Australia NSW/ACT State conference. May 2019

Lobb, E.A., Davis, J.M., Lau, M., Graham, J., Thristiawati, S. You don't know if you don't ask: A pilot study using patient reported outcomes in a specialist palliative care service. Patient Experience Symposium. Sydney, April 2019

Cohen, J., Belfanti, C. Palliative Care Nursing Workshop. Hospis Malaysia. Malaysia, January 2019

Lobb, E.A. Instigating Insight into the healing process. University of Hong Kong. Hong Kong, December 2018 (Invited speaker)

Lobb, E.A. Update on prolonged grief disorder. Palliative Care NSW Biennial State Conference. Kiama, November 2018

Lobb, E.A., Davis, J.M., Lau, M., Graham, J., Thristiawati, S. "What do I need to know about you as a person to give you the best care possible?": Implementing the Patient Dignity Question into a specialist palliative care service. Palliative Care NSW Biennial State Conference. Kiama, November 2018

Lobb, E.A., Davis, J.M., Lau, M., Graham, J., Thristiawati, S. You don't know if you don't ask: A pilot study using patient reported outcomes in a specialist palliative care service Palliative Care NSW Biennial State Conference. Kiama, November 2018

Sanderson, C., Comans, T., McPherson A., Lobb, E.A. The impact of ambulance palliative care plans on the use of services by community palliative care patients: A health economics assessment Palliative Care NSW Biennial State Conference. Kiama, November 2018

Cohen, J. Innovative models of palliative nursing. Palliative Care NSW Biennial State Conference. Kiama, November 2018

Lobb, E.A. Is home the ideal place of care and death? International Psycho-Oncology Society (IPOS) Conference, Hong Kong, October 2018 (Invited Plenary speaker)

Halkett, G., Lobb, E.A., Phillips, J., Hudson, P., Miller, L., King, A., Clarke, J., McDougall, E, Attwood, R., Nowak, A. What support are carers requiring over time during nurse-led support provided as part of the Care-Is study? COGNO Scientific Meeting. Brisbane, October 2018

McCormick, D., Halkett, G., Lobb, E.A., Clarke, J., McDougall, E., Attwood, R., Nowak, A. Exploring the carer's experience of looking after a person diagnosed with primary brain cancer: An exploration of carers' experiences during nurse-led phone interviews for the intervention 'Care-Is'. COGNO Scientific Meeting. Brisbane, October 2018

Cohen, J., Sanchez, C. Palliative care needs round. Agency for Clinical Innovation (ACI) Aged Health Collaboration Forum. Sydney, October 2018

Cohen, J. Recognition of dying. ACI End of Life Virtual Forum. online, August 2018

Conference Posters

Bott, S. (2018). Right book right page. Palliative Care NSW Biennial State Conference. Kiama, NSW

Cohen, J., Sanchez, C. (2018). Palliative care needs rounds. Palliative Care NSW Biennial State Conference. Kiama, NSW

Holdsworth, K., Lau, M. (2018). 'On the same page': How one specialist palliative care service met their PCOC benchmark. Palliative Care NSW Biennial State Conference. Kiama, NSW

Hosie, A., Phillips, J., Lam, L., Kochovska, S., Brassil, M., Noble, B., Kurrie, S., Cumming, A., Caplan G.A., Chye R., Le, B., Ely, E.W., Lawlor, P.G., Bush, S.H., Davis, J.M., Lovell. M., Brown L., Fazekas, B., Cheah, S.L., Edwards, L., Green, A., Garcia, M., Agar, M. (2019). Phase II cluster randomised waitlist controlled trial of a multicomponent non-pharmacological intervention to prevent delirium for inaptients with advanced cancer. Oceanic Palliative Care Conference, Perth

Committees

Professor Liz Lobb

PaCCSC Cognitive and Neurological Disorders Symptom Node Sub-Committee: Member

PaCCSC Qualitative Research Sub-Committee: Member

Research & Ethics Committee - Calvary Health Care Kogarah: Chair

Research Protocol Review Committee - Calvary Health Care Kogarah: Chair

Cunningham Centre for Palliative Care – New Studies Working Group, Sacred Heart Hospice: Member

Agency for Clinical Innovation (ACI) Palliative Care Network Executive Committee: Member

Agency for Clinical Innovation (ACI) Bereavement Resource Working Group: Member

Hammond Care Palliative Care Home Support & Education Steering Committee: Member

Management Executive – SPHERE CAG in Palliative Care: Member

Management Committee, Palliative Care NSW: Member

Palliative Care NSW Education Partnership & Communication Sub Committee: Member

Dr Caitlin Sheehan

PaCCSC Scientific Committee: Member

PaCCSC Trials Management Committee: Member

PaCCSC Gastrointestinal Disorders Symptom Node Subcommittee: Member

PaCCSC Cognitive and Neurological Symptom Node Subcommittee: Member

Research Protocol Review Committee - Calvary Health Care Kogarah: Member

Clinical Research Centres

Calvary Health Care Bethlehem

About our Researchers

Dr Scott King - Palliative Care Specialist

Institute site lead (to May 2019)

Research Interests: Community palliative care service provision and development. **Inspiration:** To provide excellent care to our patients and to provide the evidence base to support that care is what drives me to develop the research capabilities of our service.

Dr Heidi Gregory - Palliative Care Physician

Site investigator and Institute site lead (May - July 2019)

Research Interests: Residential aged care, Motor Neurone Disease, Huntington's Disease. **Inspiration:** Discovering innovative ways to deliver specialist palliative care to some of the most vulnerable groups of people living with life-limiting illness.

Dr Chris Grossman - Palliative Care Specialist

Institute site lead (from July 2019)

Research Interests: Community palliative care service provision and development. **Inspiration:** To provide excellent care to our patients and to provide the evidence base to support that care is what drives me to develop the research capabilities of our service. **Involved in research for:** 6 years.

Dr Susan Mathers - Clinical Director Neurology

Research Interests: Models of care in neuro-palliative rehabilitation, service development and social research for people with progressive neurological diseases. Clinical trials in progressive neurological diseases. **Inspiration:** Being able to combine high-quality multidisciplinary care with research activities and therapeutic trials for people with progressive neurological diseases. **Involved in research for:** 13 years.

Dr Rowan Hearn - Clinical Director Palliative Medicine

Research Interests: Carer and family support, management of depression in the end of life and Models of Care (specifically Neuro Palliative Care and Residential Aged Care). **Inspiration:** Seeing research progressing from basic ideas into making real evidence-based differences in the care we provide our patients and their families.

Dr Fiona Runacres - Palliative Care Specialist

Site investigator

Research Interests: Provision of palliative care for patients with non-malignant disease, particularly patients with progressive neurological conditions at Calvary Health Care Bethlehem **Inspiration:** Seeing clinical practice change as a result of research, and to improve our understanding of patients' and caregivers' needs to enable better palliative care provision is the ultimate reward. **Involved in research for:** 11 years.

Other clinicians and health professionals involved in research in 2018-2019 included:

Dr Alexandra Burke, Dr Rupert Strasser and Mark Heenan.

Research Activity 2018/19

Research Studies

Motor Neurone Disease – What happens in the terminal phase of the illness? A retrospective, inpatient, clinical audit. Kulkarni, A., Gregory, H., King, S.

The role of specialist palliative care in geriatric care: a knowledge, attitudes and practices survey. Runacres, F., King, S., Lustig, J., Ugalde, A.

Delirium prevalence, management and prevention in an inpatient palliative care unit. Runacres, F., King, S., Heenan, M.

Communication and decision-making in Motor Neurone Disease. Paynter, C., Mathers, S., Gregory, H., Cruice, M., Vogel, A.

My Neuro Palliative Care: An integrated approach for people living with a progressive neurological disease. Mathers, S., Hearn, R., William, L., Li, C.

Ethnic minority views of euthanasia. Grossman C., Best M., Symons X., O'Callaghan C., Michael N.

A pilot randomised control trial of a video decision support tool (VDST) for advance care planning in patient caregiver dyads. Michael, N., Kissane, D., Jiwa, M., Burke, A.

A diagnostic interview for psychological adjustment and demoralisation. Bobevski, I., Kissane, D., Burke, A., Michael, N.

Publications

Bloomer, M., Botti, M., Runacres, F., Poon, P., Barnfield, J., Hutchinson, A. (2019). End of life care for older people in subacute care: a retrospective clinical audit. Collegian, 26(1). https://doi.org/10.1016/j.colegn.2018.02.005

Bloomer, M., Botti, M., Runacres, F., Poon, P., Barnfield, J., Hutchinson, A. (2019). Cultural considerations at the end of life in a geriatric inpatient rehabilitation setting. Collegian, 26(1), 165-170. https://doi.org/10.1016/j.colegn.2018.07.004

Paynter, C., Mathers, S., Gregory, H., Cruice, M., Vogel, A. (2019). Communication and cognitive impairments and healthcare decision-making in MND: A narrative review. Journal of Evaluation in Clinical Practice. https://doi.org/10.1111/jep.13219

Bloomer, M., Botti, M., Runacres, F., Poon, P., Barnfield, J., Hutchinson, A. (2018). Communicating end of life care goals and decision-making among a multidisciplinary geriatric inpatient rehabilitation team: A qualitative descriptive study Palliative Medicine, 32(10). https://doi.org/10.1177/0269216318790353

Yoong J. & Runacres F. (2018). Trajectory of performance status and symptom scores for patients with cancer during the last six months of life. 50 Studies Every Palliative Care Doctor Should Know. Hui, D., Reddy, A. & Bruera, E. New York Oxford University Press

Conference Posters

Gregory, H., Hearn, R. (2018). Establishing a neuro-palliative clinic: Patterns, outcomes and what next? ANZSPM Conference, Sydney, NSW

Runacres, F., Heenan, M. & King, S. (2018). Delirium prevention, diagnosis and management in a palliative care unit: a point prevalence audit and key recommendations DECLARED delirium conference, Melbourne, VIC

Committees

Chris Grossman

ANZSPM Update Committee: Member

Clinical Research Centres

Calvary Mater Newcastle

About our Researchers

Dr Rachel Hughes - Director Department of Palliative Care

Research interests: Palliative care for adolescents and young adults and studies examining equity of access for quality care for patients and their carers. **Inspiration:** Our team members who demonstrate their commitment to improved patient outcomes by rallying together this year to build a research unit within our Department. **Involved in research for:** 7 years.

Dr Sarah Moberley - Senior Research Fellow

Research interests: The role of patients and their loved ones co-designing research programs into enhanced models of care. **Inspiration:** I am inspired by Patient and carer stories, by staff working to improve patient experience and how simple data collection systems can direct services and improve outcomes. **Involved in research for:** 10 years.

Jacqui Hewitt - Advanced Practice Nurse

Research interests: Palliative and acute care for residents of aged care facilities, the role of nurse practitioners and the development of new models of care. **Inspiration:** The ability to translate findings into improved patient outcomes through integrated system reform. **Involved in research for:** 10 years.

Jessica Scaife - Nurse Unit Manager, Department of Palliative Care

Research interests: Workforce Design, Community Palliative Care, Specialist cancer and palliative care education programs, Wellness. **Inspiration:** Tangible improvements to patient outcomes, Translation of evidence into practice, Having the political astuteness to use evidence to inform future priorities for care. **Involved in research for:** 5 years.

Other clinicians and health professionals involved in research in 2018-2019 included:

John Attia

Research Activity 2018/19

Research Studies

Outreach and inpatient equipment storage and cleaning area re-organisation. Gleeson, J., Baird, E., Davis, J., Atkinson,J., Collins-Morgan, L., Bagley, B.

Seating options for hospice inpatients. Davis, J., Collins-Morgan, L., Bagley, B., Gleeson, J., Atkinson, N., Baird, E.

ADL equipment in hospice. Bagley, B., Davis, J., Gleeson, J., Collins-Morgan, L.

Pressure care equipment guidelines. Davis, J., Gleeson, J., Atkinson, N., Collins-Morgan, L.

Enabling person centred-care in residential aged care facilities. Hewitt, J, Hughes, R, Moberley,S, Attia, J, Ryan, S

Testing an enhanced community team model to improve access and quality of palliative and end of life care provided at home. Scaife, J., Hughes, R., Attia, J., Moberley, S., Chand, A., Kershaw, G., Kozacynski, P.

Implementation and evaluation of a community-based palliative care triage model. Campbell, L., Compton, V., Moberley, S, Hughes, R.

Publications

Ryan, J., Patel, J., Lucas, C. J., & Martin, J. H. (2018). Optimal cancer drug dosing in adolescents: new issues and the old unaddressed ones. Internal Medicine Journal, 48(9), 1023. https://doi.org/10.1111/imj.14020

Patel, J., Lucas, C. J., Margalit, M., & Martin, J. H. (2018). Laxative use in inpatients on Oxycodone/Naloxone prolonged release and Oxycodone prolonged release for cancer and non-cancer pain. Journal of Pain and Palliative Care Pharmacotherapy, 32(2-3), 116-123. https://doi.org/10.1080/15360288

Clark, K., Lam, L., Talley, N.J., Watts, G., Phillips, J.L., Byfieldt, N., Currow, D. (2018). A pragmatic comparative study of palliative care clinician's reports of the degree of shadowing visible on plain abdominal radiographs Supportive Care in Cancer 26 (11): 3749-3754.

Nixon, J., Gray, J., Turner, J., Bernard, A., Scaife, J. & Cartmil, B. (2018). Communicating Actively Responding Empathetically (CARE): Comparison of communication training workshops for health professionals working in cancer care Journal of Cancer Education. https://doi.org/10.1007/s13187-018-1439-0

Presentations

Hughes R, Sneesby L, Culver J, Chand A. A Community of Practice for Residential Aged Care – Partnerships Across Community and Specialist Palliative Care. 16th World Congress of the European Association for Palliative Care. 2019

Knight E, Schenker Y, Hughes R. Interpreters' Experience of Working with Healthcare Professionals during End of Life Discussions with Culturally and Linguistically Diverse Patients. 16th World Congress of the European Association for Palliative Care. 2019

Patel, J., Lucas, C., Margalit, M., Martin, J. Laxative use in inpatients on oxycodone/naloxone prolonged release and oxycodone prolonged release for cancer and non-cancer pain. ANZSPM Conference. 2018

Martin J, Patel J. What pharmacology and pharmacokinetics can offer palliative care. ANZSPM Conference. 2018

Conference Posters

Watts, G., Byfieldt N., Compton,V., Wallis, J., Maher, J., Hughes, R. (2018). The Implementation and Evaluation of a multi-professional triaging process for referrals to a community specialist palliative care service. BMJ International Forum for Quality and Safety in Healthcare. Melbourne, VIC

Poon, M., Byfieldt, N., Watts, G. (2018). Use of Prognostic tools in assessing eligibility for palliative home oxygen therapy. ANZSPM Conference. Sydney, NSW

Glare, P., Watts, G., Louw, S., Martin, P., Clark, K., Agar, M., Fazekas, B., Currow, D. (2018). Treating Anorexia in People with Advanced Cancer. A Randomised, Double Blind, Controlled Trial of Megestrol Acetate, Dexamethasone or Placebo. ASCO Annual Meeting, Chicago, ILL.

Hayes, C., Stabler, J., Byfieldt, N. (2018). Exploring the use of cannabis for medicinal purposes in a palliative care population. ANZSPM conference, Sydney, NSW

Committees

Dr Rachel Hughes

Hunter New England Palliative End of Life Care Education Committee: Chair

Hunter New England Palliative End of Life Care Committee: Member

Sarah Moberley

Hunter New England Palliative End of Life Care Education Committee: Member

Hunter New England Palliative End of Life Care Committee: Member

Calvary Mater Newcastle Clinical Trial Committee: Member

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Hospitality Healing Stewardship Respect

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