National Palliative Care Grant Recipients’ Forum

**7-8 April 2016 | Vibe Hotel, Canberra Airport**

**Project Information Form**

**Project:** Towards True Community Care & Creating Cost Effective Care

|  |  |
| --- | --- |
| **Key objectives** | “Towards True Community Care” and “Creating Cost effective Care” are both part of the overall Listen, Acknowledge, Respond project, along with the third activity “Developing Sector Skills”. Combined, the project is built around the hypothesis that when appropriate allied health and social work is activated earlier in a patient disease trajectory there are both qualitative and quantitative improvements in patient outcomes, as well as improvements for families and care givers. In addition, the project aims to prove the treatment model is cost-effective and sustainable using current Medicare block-funding.  |
| **Key outcomes***(e.g. resource development, education and training)* | These two activities will:1. Benchmark the existing skills and knowledge of health care professionals and then measure the change in skills and knowledge after participating in the project training. This will involve surveys and interviews with health care professionals, as well as with patients and their primary caregivers to assess if there is a perceived difference in care.
2. Develop a cost measurement tool to understand the costs of care for people living with an advanced chronic or terminal illness, their families and caregivers. In addition 10 patients and their primary care givers will be interviewed to develop case studies of patient’s treatment journeys, which will be applied against the cost measurement matrix to understand and compare the costs of care.
3. Establish up to 6 trial sites to test how to set up and administer the new treatment model in a range of care settings. This will involve interviews with key administrators at each site, as well as surveys and focus groups with members of trans-disciplinary teams.
 |
| **Target audience***(e.g. who is the target audience/s for your project activities?)* | The research aspects of these two activities will involve health care professionals, administrators within trial sites, and those living with dying (patients, care givers and family members). The research outcomes will build the evidence for a new model of care and will be of use to the health care industry and the government when considering policy changes. |
| **Outcomes to date** | * Baseline survey of healthcare professionals distributed and initial findings analysed. This survey identifies the existing skills and knowledge of health care professionals relating to mental health assessment and treatment.
* First trial site established; five other sites currently in discussions.
* Ethics applications developed and approved for the various research components.
* Developed a ‘patient journey’ storyboard template to communicate findings regarding the cost of care research.
* Established alliances and strong network of contacts with local, regional, national and international peak bodies to collaborate, share information and knowledge, this has been rewarding and enriching for the project.
* The strong relationship developed between Charles Sturt University and Amaranth Foundation has been mutually beneficial and formed the basis for ongoing research aspirations.
 |
| **Challenges & lessons learnt***(e.g. were there any difficulties which may assist others?)* | *Research*: having a clear research protocol at the start helps to identify gaps in planning and clarify the research processes and outcomes. This also assists with writing clear NEAF applications that are easily understood by the HREC, and therefore ethics clearance can be obtained more easily. *Consortium*: need to ensure clear Service Level Agreements between all consortium members are developed prior to the commencement of any work, where roles and responsibilities are clearly articulated and agreed to. Establishing strong governance early on is imperative. *Trial sites*: we’ve learnt a lot about what needs to be communicated and to whom at the various stages of establishing a trial site. Each health care setting has its own particular challenges, and while there are commonalities between the trial sites, we’ve had to develop particular pathways suitable to each health care setting. |
| **Plans for 2016 and 2017** | Throughout 2016 we will be establishing the remaining trial sites and conducting research at each site. In addition, once training from Activity One is underway, we will be conducting follow up surveys with training participants to measure the change in MH skills and knowledge from the baseline survey. We are continuing to follow patients’ journeys and collate data on the costs of care.The aim is for all research to be completed by the end of 2016, with the first half of 2017 spent on collating and analysing findings. Throughout 2016 and 2017 we will be publishing research outcomes and presenting findings at relevant conferences. |