

Strategic Direction 2022–2025

January 2022 – December 2025



Palliative Care
Australia

PURPOSE

Palliative Care Australia leads a unified voice to strengthen our collective impact towards excellence in palliative care.

VISION

We see a world where quality palliative care is available for all, when and where they need it.

VALUES

TRUSTED

We are a respected leader in palliative care advocacy. We are professional and act with integrity.

COLLABORATIVE

We achieve positive outcomes through inclusive engagement, strong relationships, and seeing people at the heart of everything we do.

BOLD

We are committed to agile, innovative and courageous leadership to drive change towards palliative care excellence.

WE HAVE THREE STRATEGIC PALLIATIVE CARE PRIORITIES FOR



Growing the health care, aged care and community care workforce



Innovate in models of care



Increase accessibility

KEY ACTIONS



Advocate for increased investment in workforce capacity and capability building the specialist palliative care workforce, the aged care workforce, and other specialist/primary health care workforce.



Collaborate to develop integrated models of care and increase co-ordination and pathways between Specialist Palliative Care and other specialist/primary health care and aged care.



Advocate for the new Aged Care Act, national policies and funding instruments to include high quality palliative care in aged care.



Collaborate in the development of an Aboriginal and Torres Strait Islander-led palliative care and end-of life-care strategy.



Advocate for increased investment in palliative care research to develop a strong evidence base for palliative care services.



Demonstrate global leadership including a focus to support Pacific neighbours to deliver quality palliative care.

Palliative Care Australia (PCA) is located in Canberra on the land of the Ngunnawal People. PCA wishes to acknowledge the traditional owners of this land, the Ngunnawal People and their Elders past and present. PCA acknowledges and respects their continuing culture and the contribution they make to the life of this city and this region.

STRATEGIC PALLIATIVE CARE PRIORITIES FOR 2022 – 2025

| PRIORITIES | ADVOCACY | CAPACITY BUILDING | DEVELOPING EVIDENCE |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Growing the health care, aged care and community care workforce 1 | <ul style="list-style-type: none"> » Skilled aged care workforce providing palliative care in aged care services and in the home. » Increased awareness, wellbeing and capacity of carers and the community to support and optimise the experience of people with life-limiting illness. | <ul style="list-style-type: none"> » Reduced inequity in specialist palliative care provision. » Expanded contribution of other specialist and primary health care services to palliative care provision. » Continue to influence the response and policy for COVID-19 and future pandemics or crises. » Closing the equity gaps in palliative care provision including identified locations (rural, remote and regional) and diverse needs groups. | <ul style="list-style-type: none"> » Development of strong evidence base in palliative care and end-of-life care and robust uniform national data to inform practice and policy. » Integrated models of care and seamless transitions for people with palliative care needs whether that be a transition from curative to palliative approaches to their care, between settings or between care providers. |
| Innovate in models of care 2 | <ul style="list-style-type: none"> » Transformative Aboriginal and Torres Strait Islander-led advocacy for Aboriginal and Torres Strait Islander peoples' palliative care. » Culturally appropriate capacity building for carers and workforce caring for older people. | <ul style="list-style-type: none"> » Strong collaborations are founded between specialist palliative care leaders and other health sectors to lead a vision for world-leading research that will inform innovative models of care to improve palliative care outcomes. » Connected and agile health sectors co-ordinating expertise and care to deliver quality of life outcomes in palliative care. | <ul style="list-style-type: none"> » Palliative care is included as a right for older persons in the new Aged Care Act, Aged Care Quality Standards and funding instruments. » Paediatric Palliative Care National Action Plan is funded for implementation. |
| Increase accessibility 3 | <ul style="list-style-type: none"> » Increased service delivery hours (including home visits), ratios of palliative care physicians, nurses, nurse practitioners and other members of palliative care teams including allied health and other support and care staff. » An engaged community of practice with global partners to strengthen shared learnings and collaboration to mutually build palliative care both in Australia and beyond. | <ul style="list-style-type: none"> » Palliative care is co-ordinated and delivered through a person-centred approach across all health care settings. » Other health specialties including primary care have skills and resources to provide palliative care within their scope and know when to refer people with complex needs. | <ul style="list-style-type: none"> » Improved access to timely palliative care for people with disabilities tailored to their needs. |

DEFINITIONS

Aged Care¹

Aged care is the support provided to older people who need help in their own home or who can no longer live at home. It can include:

- » help with everyday living – such as housework, shopping, cooking or social outings
- » equipment – such as walking frames
- » home modifications – such as handrails or ramps
- » personal care – such as dressing, eating, bathing or going to the toilet
- » health care – such as nursing, physio or medical care
- » accommodation – if living at home is no longer the best option.

End-of-life care²

End-of-life care “includes physical, spiritual and psychosocial assessment, and care and treatment delivered by health professionals and ancillary staff. It also includes support of families and carers, and care of the patient’s body after their death. People are ‘approaching the end-of-life’ when they are likely to die within the next 12 months. This includes people whose death is imminent (expected within a few hours or days) and those with:

- » advanced, progressive, incurable conditions

- » general frailty and co-existing conditions that mean that they are expected to die within 12 months
- » existing conditions, if they are at risk of dying from a sudden acute crisis in their condition
- » life-threatening acute conditions caused by sudden catastrophic events.”

Palliative care²

Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-limiting illness through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

“Palliative care:

- » provides relief from pain and other distressing symptoms
- » affirms life and regards dying as a normal process
- » intends neither to hasten or postpone death
- » integrates the psychological and spiritual aspects of patient care
- » offers a support system to help patients live as actively as possible until death
- » offers a support system to help the family cope during the patient’s

illness and in their own bereavement

- » uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated
- » will enhance quality of life, and may also positively influence the course of illness
- » is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.”

Universal Health Care Coverage³

Universal health coverage means that all people have access to the health services they need, when and where they need them, without financial hardship. It includes the full range of essential health services, from health promotion to prevention, treatment, rehabilitation, and palliative care.

1 Australian Government Aged Care Quality and Safety Commission Aged Care Standards

2 National Palliative Care Strategy

3 World Health Organization