

Palliative Care Pathways

- Care of the dying pathway
- End of life care pathways
- Improving end of life care
- Palliative care discharge planning
- Palliating symptoms of heart failure

This edition of Centre Line has a focus on clinical pathways, particularly those in end of life care. Spirited debate surrounds the use of pathways - some see them as too prescriptive, while others view them as suggested guidelines only. End of life pathways are featured from Royal Brisbane & Women's Hospital, Ipswich Hospital, and the aged care sector, all using the seminal Liverpool Care Pathway¹ as inspiration.

From RBWH and the Prince Charles Hospital comes a report on a joint project seeking to improve psychosocial supports for end stage heart failure patients. There is also news of Southern Area Health Service developing a DVD to guide health professionals in the use of the Graseby Syringe Driver.

Brisbane South Palliative Care Collaborative, End of Life Care Pathway Project

Brisbane South Palliative Care Collaborative is undertaking a three-year project to develop, implement and evaluate an end of life care pathway (EOLCP) in seven Residential Aged Care Facilities (RACFs) within the QEII Hospital Health Service District. The project is funded through the third round of the Local Palliative Care Grants Program from the Department of Health and Ageing.

The EOLCP is based on the principles of the Liverpool Care Pathway and adapted for use in Australian RACFs. It is a multidisciplinary document that promotes evidence based, best practice palliative care. Implementation of the EOLCP will be supported by education sessions for RACF staff as well as GPs. A resource folder is to be developed and distributed to all participating RACFs and GPs.

Evaluation of the patient care outcomes following implementation of the EOLCP is considered to be the most important part of this project. While some

exploration concerning the effectiveness of the Liverpool Care Pathway and other end of life care pathways has been conducted in the UK, there have been no attempts to assess the usefulness of locally adapted EOLCPs in Australian RACFs. Staff, GPs and family/friends of residents at the participating RACFs will be contributing to this evaluation.

The project is in its early stages and awaiting ethics approval. Implementation of the EOLCP in the seven participating RACFs is expected to occur in July 2007. The project will be completed in March 2009.

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Improving End of Life Care for Residents at Canossa Services Oxley

Canossa Services, in Brisbane's western suburbs, consists of a 195 bed aged care facility with a mix of high and low care residents and a dementia unit, 24 bed rehabilitation unit, day oncology unit and a 24 bed palliative care unit.

This project will support residential care staff to better recognise signs of end of life and be confident and skilled in symptom assessment and interventions, allowing residents to die in their own facility, cared for by familiar staff. This project is funded through the third round of the Local Palliative Care Grants Program from the Department of Health and Ageing.

A retrospective chart audit identified that there was no formalised process for end of life care provision to residents, and symptoms were often missed due to limited understanding and skills regarding end of life care. End of life care pathways and supporting protocols have since been developed, and comprehensive education provided on use of the pathways, signs of end of life, symptom assessment and appropriate intervention.

This project has identified several challenges:

1. Poor residential care staff knowledge of end of

¹See <www.mcpcil.org.uk> for further information about the Liverpool Care Pathway.

life care and limited understanding of appropriate interventions.

2. Hesitancy of local GPs to prescribe adequate and appropriate medication.
3. Impact of change on nursing staff.

To address these challenges to date the project has:

1. Implemented a comprehensive staff education plan and a consultative service has also been introduced, which includes ongoing support from the Palliative Care Unit located on the campus, and access to the Project Co-Coordinator as a resource point. This has impacted positively on the confidence of nurses as they make decisions about end of life interventions.
2. Planned an educational evening for local GPs with keynote speakers including a Palliative Nurse Practitioner and Palliative Specialist.
3. Ensured that the nursing staff at Canossa Services Oxley are one of the key stakeholders in this project and are involved in all aspects of the project.

This project is linked into the Brisbane South Palliative Care Collaborative End of Life Care Pathway Project, by means of the project officer attending the Link nurses meeting held as part of the education and support network for the pathways project from BSPCC. The Canossa Service Project Coordinator is keen to create links to other projects as a way of ensuring the most usable pathways are developed and to share experiences. The Department of Health and Ageing has set up a support service from the University of Wollongong and an online network has been developed as a result. This provides a forum for sharing ideas and resources.

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Care of the Dying Pathway, Ipswich Hospital, West Moreton Health Service

The Palliative Care Team at Ipswich Hospital received funding to facilitate the implementation of the Liverpool Care Pathway on the inpatient Palliative Care Unit 6C.

The project expected outcome(s) are:

- Improved comfort measures and symptom control
- Psychological/insight measures documented and integrated into care plan
- Religious/spiritual support needs assessed, documented and initiated as required
- Improved communication with patient/family including support and information provision

- Communication with the GP will be mapped and documented
- Improved assessment and control of symptoms
- Improved staff communication, confidence and co-working with hospital and specialists

The care pathway was introduced following a patient chart audit in early 2006. The 'Care of the Dying' Pathway was developed in consultation with the Palliative Care Multidisciplinary Team at Ipswich Hospital, followed by numerous educational sessions for all staff in preparation for implementation on 15th January 2007. In January 2007 a project manager was appointed to coordinate the development and implementation of the clinical pathway into the unit. Currently the Ipswich Hospital team has cared for approximately 10 patients on the pathway and are planning to repeat the audit of charts in April 2007.

Current feedback from staff regarding use of the pathway include: "it is time consuming to start a patient on the pathway"; "occasionally it is forgotten and not used for suitable patients". Given that the pathway was only introduced 6 weeks ago, wide ranging feedback was expected. It is however expected to improve as staff familiarity with the paperwork and general use of the pathway improves.

Enquiries: Dr Judith McEniery, Palliative Care Specialist, West Moreton Health; email: judith_mcenery@health.qld.gov.au or Jane McEniery, NUM Palliative Care Unit, Ipswich Hospital; Tel: 07 3810 1440 email: jane_mcenery@health.qld.gov.au

Palliative Care Discharge Planning Project, Royal Brisbane and Women's Hospital, and University of Queensland

Chief Investigators: Assoc Prof Geoff Mitchell, Dr Carol Douglas†, Dr Lorna O'Doherty*, Prof Patsy Yates.‡*

Effective discharge planning is an essential component in the palliative care pathway. Anecdotal evidence suggests, however, that the current process of discharging palliative care patients from the tertiary setting into the community could be improved. Suboptimal communication within tertiary care, and across the primary-tertiary interface, often deprives community providers of information required to respond adequately to patients' complex needs.

This 2 year project was designed to address such difficulties. The project, funded by the Department of

* University of Queensland

† Royal Brisbane and Women's Hospital

‡ Queensland University of Technology

Health and Ageing under the Local Palliative Care Grants scheme, commenced in 2006. At present, we are formally evaluating the traditional discharge process through focus groups with the palliative care team, non-palliative medical, nursing and allied health staff, the discharge facilitation unit, and community-based care providers. We expect to gain insights into perceptions about professional support, clarity of roles and responsibilities and barriers to enhanced discharge. We are also interviewing patients and carers on their experiences of discharge.

These data, in addition to the findings from a systemic review and a postal survey of GPs' experiences of discharge, will inform the intervention. We plan to develop a comprehensive patient-held record and to introduce weekly multidisciplinary case conferences that include the patient's GP prior to discharge. The intervention will be implemented in August 2007. We will evaluate the intervention by repeating the focus groups, interviewing patients/carers on quality of life, quality of care and satisfaction with discharge, and comparing these data with the first cohort.

We will monitor system indicators such as re-hospitalisation, inappropriate admissions, prescription patterns and the use of Enhanced Primary Care Medicare items. We ultimately hope to establish a discharge process that is cost-effective, facilitates the smooth transition of palliative care patients from hospital to home, and improves communication within the hospital, as well as community providers' capacity to respond adequately to patients' complex needs.

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Palliating the Symptoms of Heart Failure Pilot Project

This is a collaborative project between the Prince Charles and Royal Brisbane and Women's Hospitals. It is funded by the Commonwealth Department of Health and Ageing until March 2009.

The aim is to improve services for patients with Advanced Heart Failure (AHF) so they have adequate levels of physiological and psychosocial support during the final phase of their illness.

AHF is associated with higher morbidity and mortality than most advanced malignancies. An important but unfunded aspect of care is palliation of symptoms poorly responsive to medical therapy. Project interventions include:

- The development of evidenced-based clinical protocols focused on managing the common symptoms of palliative phase heart failure
- Developing Heart Failure Palliative Indicators

or Referral identifiers to assist clinicians in identifying that individuals have entered this phase

- Appointing an AHF Care Coordinator to assist in coordinating community health services and the high level needs of this population
- Education of domiciliary nurses in management of patients with AHF.

The project evaluation will determine the impact of the new model of service delivery in improving quality of life, controlling symptoms and the utilisation patterns of acute and community health care services. The project findings will be forwarded to the relevant government bodies to inform future policy and funding development.

*Enquiries to Susan Mannion, Project Officer
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Care of the Dying Pathway (Modified Liverpool Care Pathway) RBWH

The Liverpool Care Pathway (LCP) is a series of goals of care for the patient and their family in the dying phase and after death. Each year there are more than 200 deaths from life-limiting illness at Royal Brisbane and Women's Hospital (RBWH). The aims of this project are to improve the care of the dying patient and to provide appropriate and adequate support to the family through implementing the LCP.

The project will be conducted over two years, and funding has been awarded through the Clinical Practice Improvement Centre (CPIC), with a CNC employed to facilitate the 'roll out'. CPIC will assist with pathway variance collation, data analysis and modification of the Pathway. CPCRE will support project design and completion, and a reference group will be established.

The LCP has been used to care for approximately four patients a month in the Extended Care Unit (ECU) of RBWH since September 2006. A progressive 'roll-out' will commence later in 2007, commencing with areas with a high referral rate to the palliative care team. Comprehensive education sessions will be given to all wards participating in the project. Audit will be used to evaluate the project, and the project team will offer ongoing support and advice to each ward.

The LCP will be modified over time in response to variance patterns that emerge, so that the final care pathway is appropriate to this setting.

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Improving Communication between Allied Health Professionals in Palliative Care

The Palliative Care Clinical Network, Southern Area Health Service, is funding a project to improve networking between Allied Health Professionals (AHP). The project will develop a directory of AHPs who work in, or have an interest in palliative care, and who provide services within the Southern Area Health Service of Queensland. The directory is open to professionals working with both government and non-government organisations.

It is expected that the directory will facilitate communication between professionals, in turn

promoting improved professional development opportunities and service delivery.

If you are an AHP, and would like to be part of improving communication and networking between AHPs working in palliative care, why not include yourself in this directory?

Enquiries:

Clare Wheelahan T: 07 3275 6703 or

Tina Thomas T: 07 3275 6753

Purchasing Syringe Drivers for Use in Palliative Care

The use of subcutaneous infusions for symptom control in palliative patients is increasing. Representatives of the Palliative Care Clinical Network (PCCN), Southern Area Health Service (SAHS) have reported that palliative care services are experiencing some confusion about which infusion device they should purchase. Fortunately the resources available to help services make the right choice are also increasing.

To guide clinicians in their use of syringe drivers, Queensland Health through the Centre for Palliative Care Research and Education has produced an evidence-based booklet *Guidelines for Syringe Driver Management in Palliative Care*.

The booklet is available for download from <www.cpcrc.com>.

The booklet advocates that a common type of syringe driver be used to minimise errors in set up and calculation of infusion rates. Queensland Health staff from the High Risk Medication and Systems area of the Safe Medication Practice Unit have also

been active in creating standardised documentation for use in Queensland Health facilities regarding syringe driver usage.

This documentation is compatible with the use of Graseby Syringe Drivers. The PCCN, SAHS is preparing a DVD *How to Use a Syringe Driver* using the Graseby Syringe Driver MS 16A & MS 26 as the model devices. Currently, the Graseby Syringe Driver is the best known and most common subcutaneous infusion device in clinical practice across southern Queensland.

The PCCN recommends that services contact their closest specialist palliative care service to seek advice before they purchase new subcutaneous infusion devices.

Enquiries to Fiona Israel, Principal Project Officer, Palliative Care Clinical Network, Southern Area Health Service, Queensland Health

T: 07 3240 1163

Cancer Clinical Networks

Queensland Health's Cancer Clinical Networks give QH professionals the opportunity to partake in an exciting forum on June 14-15, targeted to those who provide care (palliative and non-palliative) to patients with cancer, or have an oncology service planning role.

The forum will cover the cancer care spectrum with issues specific for medical, nursing, allied health and

corporate staff. Keynote speakers including Cancer Australia President, Prof. David Currow will present on issues currently impacting on cancer in Australia and Queensland.

Queensland Health staff can visit the Cancer Control website on QHEPS for further information: <<http://qheps.health.qld.gov.au/cancercontrol>> and follow the links to 'Advancing Key Initiatives in Cancer Care'.

CPCRE ACTIVITY REPORT

Developing and promoting the use of evidence based resources

Practice Guidelines

CPCRE has published the following guidelines and information resources:

- The management of syringe drivers guidelines (with accompanying summary card and on line education package)
- Paediatric Loss and Grief Information Resources

Copies of these resources are available from the CPCRE Website.

A priority setting activity has been undertaken to identify the focus of CPCRE guideline development projects for 2007. The guidelines identified as first priority for 2007 will be in the areas of breathlessness and opioids. Reference groups for these projects will be established over the coming months.

Promoting access to high quality palliative care education

Palliative Care Curriculum for Undergraduates (PCC4U) (A joint initiative between Queensland University of Technology, CPCRE, Flinders University, Charles Darwin University, and Curtin University with funding from the Department of Health and Ageing through the National Palliative Care Program).

The consortium has commenced promoting uptake of the curriculum resources in all health courses across the country. An implementation plan has been developed, to ensure that all courses are provided with an opportunity to integrate palliative care components within their curricula by 2010.

PEPA (Program of Experience in the Palliative Approach): (Funded by the Department of Health and Ageing through the National Palliative Care Program)

CPCRE has been contracted to offer further placements and workshops over the period from 2007-2010. The number of placements and workshops to be offered is currently being negotiated. Kathryn Laurent has been appointed as the interim PEPA Manager for Queensland. Please contact Kathryn for further information.

GP Education Program

Seven Divisions of General Practice were awarded funds for 2007-08 to undertake projects that will enhance the palliative care skills and knowledge of GPs. The GP project includes a mentoring program enabling GPs to work with palliative care specialists, developing GP networks, compiling a palliative care kit of relevant information and resources for GPs, workshops, a journal club with on-line access and a learning module designed to complement existing on-line education programs.

CARESOURCES and the Queensland Palliative Care Education Calendar

The 2007 Education Calendar was distributed in February 2007 and is available from the CPCRE website. CARESOURCES, the Queensland Palliative Care Education Directory can be accessed on <www.cpcre.com>.

Allied Health Education

The first workshop took place on March 26th 2006 in Rockhampton. Further workshops are planned in 2007 as part of the PEPA program. Please check the CPCRE Calendar and website for further information.

Karuna-RBWH-CPCRE Specialist Palliative Care Nursing Education Program

Karuna Hospice Services in collaboration with RBWH and CPCRE offered a structured education program to four nurses to develop skills in palliative care nursing. A completion ceremony was held in December 2006 to congratulate those nurses who met all the requirements of the program. The program was funded through the Local Palliative Care Grants program. CPCRE is continuing to work in partnership with Karuna and RBWH staff to develop a strategy for making the program accessible to a wider group of nurses.

Palliative Care Update

CPCRE Annual Research Conference

The 2007 Annual CPCRE Research Conference is scheduled for May 25th 2007. The keynote speaker is Professor Afaf Girgis from the Centre for Health Research and Psycho-oncology at the University of Newcastle. A call for abstracts and preliminary announcement of speakers has been distributed, with a closing date for abstract submission of early April.

CPCRE ACTIVITY REPORT

Undertaking research

CPCRE Research Programs

Research programs involving Centre staff address areas including:

- Health services delivery
- Symptom management and supportive care
- Professional Practice Development
- Person centre palliative care

For further details of specific projects, publications, reports and conference presentations please visit <www.cpcrc.com>.

Palliative Care Clinical Studies Collaborative

The collaborative is a national initiative funded by the Australian Government Department of Health and Ageing, and led by a team from Flinders University. Professor Janet Hardy is chairperson for the Trials Subcommittee, and is working with partners in the collaborative to develop an audit in preparation for the implementation of a trials program. The audit is currently underway. A report on progress of the collaborative will be presented at the CPCRE conference in May.

Establishing and facilitating partnerships

Queensland Palliative Care Research Network

A schedule of meetings for 2007 is presented on the CPCRE website. The network met in February to discuss preparation for the work of the Palliative Care Clinical Studies Collaborative.

Palliative Care Clinical Networks.

CPCRE is represented on Area Health Service Palliative Care Networks, and is actively supporting activities of the networks.

Palliation for the Sick Heart Project

The palliation for the sick heart project is a component of the Statewide Heart Failure Hospital to Home (H2H) Service which is coordinated by The Prince Charles Hospital and Royal Brisbane and Women's Hospital. A Commonwealth Local Palliative Care Grant enabled

the program to extend into the palliative care phase of Advanced Heart Failure (AHF).

CPCRE is a key member of the group leading a project funded by the Commonwealth Local Palliative Care Grants Scheme.

Identifying trends in palliative care service delivery and their implications for Queensland

Palliative Care Australia: Quality and Standards Initiatives

CPCRE staff will continue to deliver workshops to promote awareness of the PCA standards.

Palliative Medications Working Group

CPCRE staff are members of the working group to raise awareness within the primary health care workforce of the PBS listings and to improve community access to and quality use of palliative care medicines. Opportunities to promote this work will be through planned programs as per the CPCRE education calendar.

CPCRE Staff Representative Activities:

Acting Director:

- Member, Palliative Care Australia Standards and Quality Committee
- Member, Palliative Care Australia Executive Committee

Director of Learning and Development:

- Chairperson, Palliative Care Queensland Education Committee
- Member, Indigenous Programs Advisory Group, Cancer Council of Queensland
- Member, Queensland Working Group for The Supporting Primary Care Providers in Palliative Care Project
- Member, Heart Failure Hospital to Home Palliative Care Working Group

Clinical Research Program Leader:

- Member QCF Medical and Scientific Committee
- Member, Palliative Care Medications Working Group

PALLIATIVE PROFILE: THE PRINCE CHARLES HOSPITAL PALLIATIVE CARE SERVICE

The Palliative Care Service at TPCH started in 1990 and offers a comprehensive range of services across Brisbane's northern suburbs. The scope of services offered at TPCH has improved recently so that we can expand the range of sustainable services we can offer.

In particular, the **Community Consultative Service** re-commenced on 1/9/2006 with the appointment of our CNC and extra SMOs. Initially confined to supporting RACFs only, in one small section of our District, the scope of this service is gradually widening to include more of the District and to provide consultative at-home services.

The scope of the services currently provided comprises the following:

- **Inpatient ward at TPCH** of 16 beds with specialist nursing, allied health and medical staff, offering specialist inpatient palliative care assessment and management for complex cases. This acute unit is not designed to provide longer-term "hospice" level care. It is staffed to allow 24 hour telephone specialist nurse advice and supports for patients and families registered with our service. It also



Marg Phillips (SW), Dr Robert Jaffrey (Director), Marg Adams (CNC, Community Program), Dr Ruth Powys (Palliative Specialist), Toni Bradley (NUM).

provides 24 hour medical cover for inpatients, and advice to GPs and community agencies/RACFs.

- **Consultative services** across TPCH campus and in Holy Spirit Northside Private Hospital.
- **Outpatients Clinics** – four sessions per week. Starting Outreach OPD clinics in some TPCH District Community Centres is envisaged when resources allow, providing easier access for patients and families.
- **Community Consultative Service** providing specialist nursing and medical assessments and advisory services for patients at home or in RACFs. This includes weekly visits to Holy Spirit Home's Helena Hospice at Carseldine to review patients and support GPs and RNs.
- **A formal Bereavement program** - coordinated by the social workers and supported by volunteers provided under the auspices of QCF.
- **Administration of the Commonwealth PCP funding** for scripted services, oxygen and equipment in the community.
- **Education and resources** for GPs and nurses in community agencies, RACFs and hospitals. Two 'Update Short Courses' are offered each year, open to all health care providers.

The staff of the Service currently includes the following people:

Dr Rob Jaffrey, Clinical Director; Dr Ruth Powys, Staff Specialist; Dr Peter Whan, Specialist VMO; Dr Russell Richard, SMO; Toni Bradley, NUM Inpatient Ward; Marg Adams, CNC Community Consultative; Margaret Phillips, Social Worker; Registrar; RMO; CNs; RNs; and EENs. Of the nurses, seven hold post-graduate qualifications in palliative care and one is undertaking Nurse Practitioner studies this year.

An additional 0.5 FTE Senior Staff Specialist and 0.35 FTE Social Worker will join the Service from April 2007.

Contact details: Phone: 07 3139 4601 Fax: 07 3139 4661

PALLIATIVE CARE RESEARCH

Terry, W et al. 2006. Hospice patients' views on research in palliative care. Intern Med J 36(7):406-13.

The project explored whether researchers' concerns about including terminally ill patients in research are shared by terminally ill patients. Semistructured interviews were used with 22 patients admitted to a hospice; 13 were women, and 18 had advanced malignant disease; the age range was 28-93 years.

All wanted to participate in research. Common reasons for participation included altruism, assertion of persisting autonomy, and valuing doctors' commitment to optimising care through research. They rejected any suggestion their consent was non-autonomous and had consistent views about what they considered relevant to consent. The authors reported the patient's views were contrary to professional consensus in this context.

Lioffi, C. 2006. Hypnosis in cancer care. Contemp Hypnosis 23(1):47-57.

Hypnosis is currently under-utilised in the management of cancer

related symptoms despite conclusive evidence for its efficacy, especially in acute and chronic pain. There is a brief overview of contemporary uses of hypnosis in adult and paediatric oncology, and how to integrate hypnosis into a total therapeutic process based on needs and goals of both the patient and their health care team. The paper concludes with the usual suggestions for future research, as well as implications for clinical practice which currently lags behind research in this area.

Feldman, D.B. 2006. Can suicide be ethical? A utilitarian perspective on the appropriateness of choosing to die. Death Stud 30(6):529-38.

The author responds to an article by Lester in the current issue of Death Studies, in which Lester argues that the individual should determine the appropriateness of suicide for him or her in relative isolation from others' opinions. Feldman, using a utilitarian perspective, reviews research apparently showing suicide has harmful emotional, interpersonal and economic effects on society as well as individuals. He argues that choosing to commit suicide cannot be judged in isolation from its broader consequences.

FORTHCOMING EVENTS

Queensland

4 May 2007

Carers' Health and Wellbeing
Carers Queensland - Cairns
Contact (07) 4031 0163

9 May 2007

Neuropathic Pain
Oncology Nurses Group - Gold Coast
Contact (07) 5591 1500

9 - 11 May 2007

Principles and Practice
RSL Care Regional Centre
Contact (07) 3251 6862

14 - 15 May 2007

Palliative Care Course
RBWH Palliative Care Service
Contact (07) 3636 1438

21 - 25 May 2007

Cancer Care Course for ATSI Health Workers
Queensland Cancer Fund Townsville

23 May - 13 June 2007

Principles and Practice
RSL Care Gold Coast
Contact (07) 3251 6862

25 May 2007

Annual Research Conference
CPCRE - Brisbane
Contact (07) 3636 1449

29 May 2007

Stress Management for Palliative Care Staff
Mt Olivet Hospital
Contact (07) 3240 1165

30 May - 1 June 2007

Principles and Practice of Palliative Care for the
Enrolled Nurse
Mt Olivet Hospital
Contact (07) 3240 1165

31 May 2007

Breakfast Seminar
PCQ - Brisbane
Contact (07) 3633 0096

1 & 4 June 2007

Complicated Grief and Managing Intense
Emotions
Australian Centre for Grief and Bereavement
Contact 1800 642 006

15 June 2007

Challenges and Management of Motor Neurone
Disease in the Palliative Care Setting
Mt Olivet Hospital
Contact (07) 3240 1165

22 June 2007

Exploring Options for Managing Lymphoedema
in Advanced Disease
Mt Olivet Hospital
Contact (07) 3240 1165

27 July 2007

Exploring Dimensions for Grief Within
Disability
Australian Centre for Grief and Bereavement
Contact 1800 642 006

National

20 - 26 May 2007

National Palliative Care Week
Palliative Care Australia
Contact (02) 6232 4433
www.pallcare.org.au

28 - 30 August 2007

9th Australian Palliative Care Conference
Partners Across the Lifespan
Melbourne Exhibition and Convention Centre
Contact (03) 9681 6288 or
www.iceaustralia.com/apcc2007

International

6-9 June 2007

10th Congress - European Association for
Palliative Care, Budapest Hungary
Contact www.eapcnet.org

2-4 August 2007

CNSA Winter Congress
Melbourne, Australia
Contact www.cnsa.org.au

27-29 September 2007

7th Asia Pacific Hospice Care Conference
Nurturing Partnership in Hospice Care
Hotel Philippine Plaza, Manila
Contact www.aphc2007.com

6 October 2007

World Hospice and Palliative Care Day
Palliative Care Australia
Contact (02) 6232 4433 or www.pallcare.org.au

See the CPCRE web site www.cpcpre.com
for the 2007 Education Calendar and for
details of other events later in the year or
notified recently.

CPCRE RESOURCES AVAILABLE

The following Palliative Care resource
booklets are available from CPCRE:

- Guidelines for Syringe Driver Management in Palliative Care
- When a Child Dies – A Guide to Working with Bereaved Parents after the Death of a Child from Illness.

Printing costs dictate that limited copies are available per request.

- Community resource booklet:
'Palliative Caring at Home – The Ultimate Gift of Love – A guide for carers who are caring for a terminally ill person at home' prepared by Palliative Care Information Service, available by contacting freecall: 1800 772 273 or <www.pcis.org.au>.

CENTRE LINE

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The Centre

The Centre for Palliative Care Research and Education is an initiative of Queensland Health and is a collaboration of the Royal Brisbane and Women's Hospital and Health Service District, The Prince Charles Hospital and Health Service, Queensland University of Technology, Karuna Hospice Inc., and the Queensland Divisions of General Practice.

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