

# Gold Coast Hospital and Health Service

## Palliative Medicine - RMO Campaign 2021

<b>Public / private</b>	Public
<b>Service name</b>	Supportive & Specialist Palliative Care Service, Gold Coast Hospital & Health Service
<b>Service type</b>	Inpatient, Community and Consultation-Liaison Service
<b>Patient referral groups</b>	Adults plus we provide some assistance for the community paediatric palliative care patients who are managed by local and tertiary services. There is a separate service for paediatric palliative care inpatients at GCUH. <b>Casemix:</b> PCU cancer 80%, non-cancer 20% Consults cancer 70%, non-cancer 30% Community cancer 80%, non-cancer 20%
<b>Annual no. of referrals</b>	More than 1250 for community More than 1200 for consult liaison
<b>Inpatient bed numbers</b>	16 beds at Robina PCU, plus 4 beds at GCUH
<b>Inpatient annual admissions</b>	More than 400 for inpatient unit
<b>Staffing &amp; Supervision</b>	4.0 FTE consultants including Medical Clinical Director All have FRACP and/or FACHPM. Four registrar posts are fully funded which can be advanced trainee Pall Med or other specialty or Diploma of Pall Med candidate. Two interns In 2020 there will be in addition 1) exposure to a new Renal Supportive Care service (based in Renal) with 0.5 Palliative Medicine staff specialist 2) exposure to the new statewide telehealth program - our focus being provision of services west of Toowoomba.
<b>RACP accreditation—define category(ies)</b>	RACP accredited for advanced training for Robina and GCUH Inpatient, Community and GCUH and RH Consultation/liaison modules Accredited for Clinical Diploma in Palliative Medicine

<p><b>Service Benefits (drawcard)</b></p>	<p>Our service won Queensland Palliative care Service of the year in 2019.</p> <p>The consultants all have special interests in teaching including:  A/Prof Andrew Broadbent in consultant management issues and models of care  A/Prof Jo Doran in communication, ethics and holistic care  A/Prof Nicola Morgan in the GP interface  A/Prof Graham Grove in bedside Ultrasound and radiology in palliative medicine  Dr Joanne Cerni in Renal Supportive Care  Dr Gauri Gogna in pain management and prognostication?</p> <p>New technology is being utilized and use of tele-video via the jabber or FaceTime systems is part of normal practice.</p> <p>Teaching in point of care ultrasound is planned for 2019/20 and will be one of a few units in the world to do this.</p> <p>Patient controlled analgesia is also under development using the CADD system for 2019/20. This will also be one of the only units in the world to use this technology.</p> <p>Monthly separate chronic pain and interventional radiology meeting to discuss complex pain cases and options for interventions</p> <p>The service is developing a research arm. In 2020 it will continue to be a research site for PaCCSC study on amitriptyline, and the PEARL study on early intervention in lung cancer. Support will be offered for registrars wanting to commence a local research project. The service has links into state, interstate and international studies including a medical marijuana study.</p> <p>The service is fully PCOC integrated across PCU, community and consults, and is one of the few national services to have all 3 integrated into the national benchmarking system</p> <p>The service runs a needs-based model of service consistent with national best practice guidelines that is holistic, multidisciplinary and integrated across the consult, community and PCU.</p> <p>The specialist community service works closely with generalist palliative care providers such as GPs and NGO Nursing services across the region to maximise care at home.</p> <p>We have strong medical teaching links to both Griffith &amp; Bond Universities with integration into the last two years of both courses. Students are there routinely during the year.</p> <p>The PEPA program has become one focus of teaching for the generalist providers and week-long attachments occur for local GPs, RNS or Allied health as well as the local ambulance service.</p>
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	<p>The service has purpose-built Inpatient facility and Community Offices at Robina Hospital. Full range of facilities including up to 20 single rooms (including 2 bariatric rooms with ceiling hoists). Six of the patient rooms open onto the terrace and the doors are wide enough for beds to be moved onto the terrace. There is also a terrace area with fountains and garden for exclusive Pall Care use as well as a range of areas for staff. The building has a garden with a view of surrounding mountains.</p> <p>All these features make our Specialist Palliative Care Service probably the best learning facility in Australia.</p>
<p><b>Service Highlights / benefits</b></p>	<p>The Palliative Care Service is closely integrated into the clinical life of the hospital and community with links to all services and in particular Oncology, Medicine and ICU. The hospital is developing a very strong culture of end-of-life care that reflects growing awareness of the issues of patient participation in decision making about appropriate care. We also participate in community care of dying children and neonates. The community care service works closely with GPs and NGO Nursing services across the region to maximise care at home by delivering nursing care and essential equipment to people at home, as well as Specialist Pall Med consultant visits when needed on a triage basis.</p> <p>There is a culture of education in the service, along with an established education program for junior doctors, medical students, allied health workers and more senior doctors in the community and the hospital, which includes weekly registrar tutorials, and weekly 'Whole of service education'.</p>
<p><b>Hospital Web link</b></p>	<p><a href="https://www.goldcoast.health.qld.gov.au/">https://www.goldcoast.health.qld.gov.au/</a></p>