



**Palliative
Care
Queensland**

“Quality Care at the End of Life for All”

**Strategic Plan
2008-2013**

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1 - OUR ORGANISATION

Palliative Care Queensland (PCQ) is the peak state organisation in Queensland representing the interests and aspirations of all who share the ideal of quality care at the end of life for all.

PCQ is a member organisation of Palliative Care Australia (PCA) and aspires to meet the national aims at a state level within the capacity of the state organisation.

PCQ recognises that specialist palliative care providers have specialist knowledge, skills and expertise in the care of patients, their families, carers and communities, who are living with a terminal illness and facing dying, death and loss.

Quality care at the end of life is realised when strong networks exist between specialist palliative care providers, generalist, other specialist and support care providers and the community, working together to meet the needs of all people.

2 - OUR VISION

Quality care at the end of life for all

3 - OUR MISSION

To influence, foster and promote the delivery of quality care at the end of life for all

Palliative Care Queensland works to see equitable, needs based delivery of quality care at the end of life through:

- ÿ promotion of the principles of palliative care
- ÿ Promotion of needs based service provision
- ÿ awareness and community capacity building
- ÿ advocating for appropriate funding and resourcing.

Palliative care must be:

- ÿ quality – in accordance with the Palliative Care Australia *Standards for Providing Quality Palliative Care for All Australians*
- ÿ timely
- ÿ resourced to enable choice
- ÿ needs-based – in accordance with individual level of need
- ÿ evidence based – in accordance with the most current research.

Palliative care must be available regardless of:

- ÿ location
- ÿ age
- ÿ income
- ÿ diagnosis or prognosis
- ÿ social and cultural background.

4 - OUR PRINCIPLES

All endeavours of Palliative Care Queensland are guided by the following principles of operation:

- partnerships and collaboration - recognising that working with others holding similar goals will assist the delivery of better outcomes
- contributing as a PCA Member to PCA activities thus recognising, valuing and utilising the contribution, expertise and experience of the Palliative Care Australia Member Network
- quality and integrity of outcomes - being strategic, professional, transparent and showing leadership on palliative care issues
- quality of work environment - upholding the right of staff and volunteers to work in a focussed and productive team in a safe and supportive environment
- recognising cultural diversity - respecting and being sensitive to people from diverse cultural and linguistic backgrounds and their community ties.

5 - STRATEGIC AIMS – PROGRAM (HEALTH OUTCOMES)

5.1 - Influence and promote adherence to evidence-based policy and advocacy

5.1.1 – assist in the review, development and delivery of national policy documents reflecting current evidence base

5.1.2. - establish coordinated advocacy networks within the state of Queensland

5.1.3 –assist in the promotion and enable integration of national policy with other appropriate sectors

5.2 - Foster and promote capacity building for health professionals, consumers and the community

5.2.1. - strengthen consumer (patient, family, carer and community) awareness and capacity

5.2.2 - strengthen the capacity of the generalist, other specialist and support provider workforce to deliver quality care at the end of life

5.3 - Promote and develop networks that support information sharing

5.3.1 - establish collaborative alliances and partnerships with other individuals and organisations

5.3.2 - enable access to a platform for efficient and timely participation in policy development and sharing of quality endorsed national information resources

6 - STRATEGIC AIMS – CORPORATE (BUSINESS SUSTAINABILITY OUTCOMES)

6.1 - Intellectually and strategically independent with robust governance

6.1.1 - maintain a reputation in the health environment and the community as a reputable organisation that is the pre-eminent source of reliable information about palliative care

6.1.2 - plan for the future of Palliative Care Queensland as a high performing state level peak organisation

6.1.3 - maintain functioning and effective Executive, Council, subcommittees and working groups

6.1.4 - ensure the Palliative Care Queensland Principles guide all activity

6.2 - Effective and valued partnerships that share our vision

6.2.1 - work with, value and support the Palliative Care Queensland Branches and interest groups and promote the expansion of membership

6.2.2 - link and collaborate with state health and community organisations that relate to Palliative Care Queensland's vision

6.2.3 - support the Palliative Care Australia Member Network to link and collaborate with state health and community organisations that share Palliative Care Australia's Vision

6.3 - Well resourced and managed organisation

6.3.1 - maintain sound financial and management systems

6.3.2 - attract and retain skilled and experienced staff

6.3.3 - achieve financial sustainability and independence

6.4 - Achievement of targets, goals and contract deliverables

6.4.1 - effectively plan for program delivery

6.4.2 - maintain a culture of efficiency

7 – GOVERNANCE AND MEMBERS

Palliative Care Queensland's Membership comprises the individual members who have and share the vision of PCQ. These members may choose to be individual or via their local Association.

Individuals and organisations who share this vision, are able to participate in the work of the Palliative Care Queensland in the following ways.

State based or local individuals, service providers and organisations

Membership of a Palliative Care Australia Member Network organisation entitles the individual or organisation to automatically access:

- ÿ Palliative Care Australia's communication resources
- ÿ National and State Conference reduced registration fees.

8 – ACKNOWLEDGEMENTS

Palliative Care Queensland acknowledges its work is enabled through the extraordinary professional and personal commitment of the Palliative Care Queensland volunteer officer bearers and the support of Palliative Care Australia staff. Together we strive to realise our vision.

Palliative Care Queensland acknowledges the financial support of the Australian and Queensland Government Departments of Health and Ageing.

APPENDIX 1

GLOSSARY

Palliative Care

Palliative care is care and support that maximises the quality of life of patients and their families and carers who are living with a terminal illness and facing dying, death and loss. It involves the prevention and relief of suffering by means of early identification, impeccable assessment, and treatment of pain and other problems: physical, social, emotional, spiritual and cultural. Palliative care is quality care at the end of life.

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 and carers cope during the patient's illness and in their own bereavement
- uses a team approach to address the needs of patients and their families and carers, including bereavement counseling
- 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.

Palliative care is delivered by specialist palliative care providers, generalist, other specialist and support care providers, and the community.
(adapted from World Health Organisation)

Terminal Illness

A terminal illness is a progressive illness that can be reasonably expected to cause the death of a person within a foreseeable future. This definition is inclusive of both malignant and non-malignant illness.

Needs-based palliative care

Needs-based palliative care is a quality management approach that evaluates the individual holistic needs of patients and their families and carers and coordinates appropriate palliative care.

The palliative care needs of many patients are appropriately met by generalist, other specialist and support care providers with specialist palliative care providers contributing indirect care or consultation advice as required. This approach recognises that patients with more complex needs may require periodic or ongoing direct care from specialist palliative care providers.

Palliative care is provided in all care settings including the home, hospital, aged care home and hospice.

Specialist palliative care provider

A specialist palliative care provider is a medical, nursing or allied health professional, recognised as a palliative care specialist by an accrediting body or who substantively works in a specialist palliative care service if an accrediting body is not available.

Specialist palliative care providers have specialist knowledge, skills and expertise in care of people living with a terminal illness and their families and carers, including in the management of complex symptoms, loss, grief and bereavement.

Specialist palliative care providers work in two key ways:

- providing direct care to referred patients and their families and carers who have complex needs
- providing indirect care or consultancy services to generalist palliative care providers.

Generalist palliative care provider

A generalist palliative care provider is a medical, nursing or allied health professional who undertakes an ongoing role in the care of patients with a terminal illness. In general, the substantive work of a generalist palliative care provider is not in palliative care.

Quality care at the end of life is realised when strong networks exist between specialist palliative care providers, generalist, other specialist and support care providers and the community - working together to meet the needs of all people.

Other specialist palliative care providers

Other specialist palliative care providers include other specialist services and staff, for example oncologists, renal, cardiac or respiratory physicians. In general, their substantive work is not in palliative care.

Support care providers

Support care providers include assistants in nursing and personal care staff in aged care homes, volunteers, charitable organisations, complimentary therapists (for example, massage therapists, music therapists and aromatherapists), pastoral carers, and others who provide a supporting role in the care of a patient living with a terminal illness and their family and carers.