

# Strategic Directions

Approved December 2021



Palliative care. Living well every day.

2022



# Table of Contents

1	Introduction from Chairman & CEO .....	3
2	Our Purpose .....	4
3	Our Roles .....	4
4	Our Values .....	4
5	Our history and our partners .....	5
6	Our catchment .....	6
7	Our success .....	7
8	Summary of Strategic Themes .....	8
9	Strategic Priorities .....	9

# 1. Introduction from Chairman & CEO

Eastern Palliative Care Association Incorporated (EPC), as the largest single provider of community based palliative care services in Victoria, supports the community in the Eastern Region of Melbourne and has operated since 1997 as a partnership between the Order of Malta, Outer East Palliative Care Service Association Inc., and St Vincent's Hospital, Melbourne. There are many challenges in providing a community palliative care service to our community and EPC has worked to ensure clients who meet our admission criteria are supported in their wish to be cared for at home. The growth in our services over the past few years has been very strong as more and more people understand the services that are offered under the banner of community palliative care. As more and more people seek to be cared for and to die at home, EPC needs to be able to respond and meet these changes in community expectations.

EPC is largely funded by the Department of Health, Victoria. EPC also conducts fundraising programs to increase our income and so increase our service offerings. Our community deserves the best service that we can offer and we will, over these next four years, work to increase donations and bequests to supplement our income and thus extend our services. We understand that funding for community palliative care will change in the future and we seek to keep the Department of Health informed of any negative impact of a changed funding model.

We are grateful to our staff for their expert skills, knowledge and commitment. Without them we simply could not continue with the work that is required. We aim to ensure that we continue to be a preferred employer in order to maintain and grow our excellent staff. We also commit to provide ongoing educational opportunities to keep our staff abreast of the latest developments in service provision.

We also have a very skilled and dedicated group of volunteers who generously provide much needed community support and connection to our clients, ensuring they are not alone in their illness. Another key objective will be to continue to support volunteers in their roles.

## What will success look like during this time?

Success for EPC will have many facets including:

- Ensuring those in our region who need specialist community palliative care have access in a timely manner to quality services that meet their needs;
- Through further building of relationships with key providers in the region ensure we are included and involved in innovative strategies and new and emerging developments;
- Increasing the involvement of our Consumer Advisory Committee members in our organisation;
- Providing opportunities for our staff to keep their skills and knowledge up to date, ensuring our organisation continues to be recognised as a specialist organisation;

- Looking for opportunities to be involved in research, including research into aspects of EPC's model of care in order to understand the benefits of our model and how the model can be improved;
- Extending the hours of services as needs arise and resources allow;
- Continuing to be very responsive to our community and closely monitoring our KPI's on priority of access and admissions;
- Keeping abreast of the changing demographics and needs of our region;
- Ensuring people in residential aged care and disability accommodation who need specialist palliative care have access to our service;
- Developing further our community education program to ensure those needing to know the basics of palliative care have access to quality education and support, including those in residential aged care and disability homes.

## What are the opportunities?

- Providing adult education about palliative care to aged care and disability facilities;
- Continuing to support our community to understand the services offered by community palliative care;
- Providing opportunity for members of our community to plan for their future and their death;
- Growing our staff through reviewing client needs and identifying where resources are best placed;
- Investigating Medicare billed services (Physicians, Nurse Practitioners etc.);
- Early introduction of patients to specialist palliative care services through outpatient clinics, where clinics can be self-funding, including the possibility of partnering with other organisations in this service delivery;
- Developing further the services provided by volunteers.

## What are the constraints?

- Funding is falling behind client demand;
- Our community is death averse and not well informed about community palliative care services and support.

This next four years will be a challenging time following the extensive impact of COVID-19, a new funding system, and further growth in demand.

**Dr Anne Hunt OAM**  
Chairman

**Jeanette Moody**  
CEO

## 2. Our Purpose

**We exist  
so that**

Our clients live with the best quality of life, before dying in their place of choice

Clients, their families and carers are supported according to their needs and choices

## 3. Our Roles

To people with a progressive, life-limiting condition, we provide a holistic, person-centred, specialist palliative care service which:



## 4. Our Values

We value trust between our clients, their family members, and ourselves. To achieve this, we deliver every interaction through:



### Compassion

Empathy for others in their end of life experience by listening, accepting and actively responding to their needs



### Dignity

Upholding the unique personality, situation and choices of people, valuing their lives in the face of death, and respecting their rights



### Excellence

Delivering evidence based quality care, underpinned by ethical practice, research and leadership



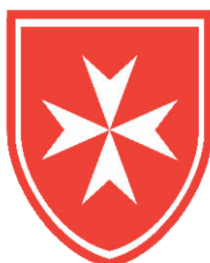


### Empowerment

Building trust with people, that puts them at the centre of decision-making and enables control and choices



## 5. Our history and our partners

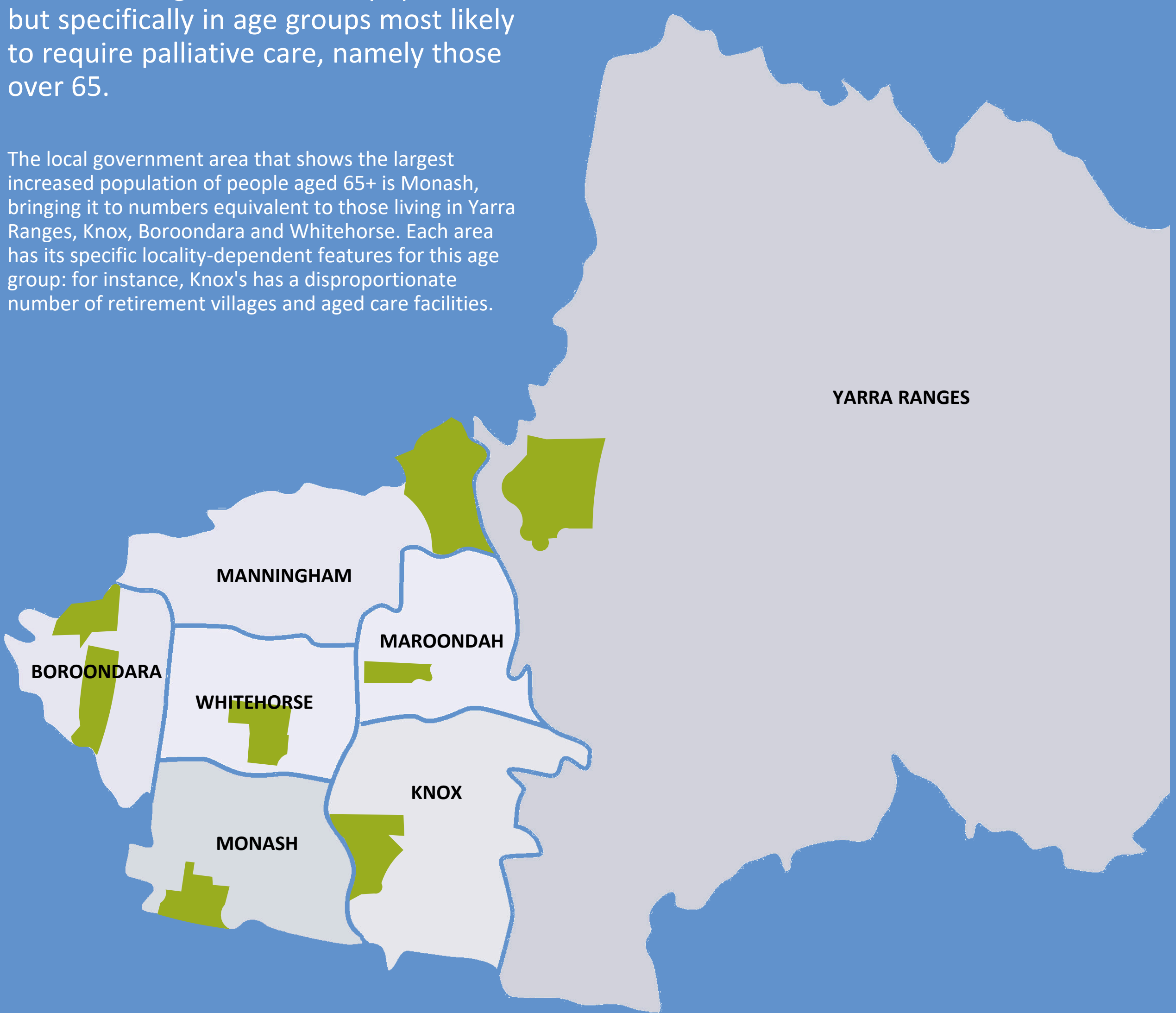
In 1997 Eastern Palliative Care was formed through a Heads of Agreement between four existing palliative care providers; the Order of Malta, Outer East Palliative Care Service Inc., St Vincent’s Hospital (Melbourne) Ltd and Melbourne Eastern Palliative Care Association. In 2010, Melbourne Eastern Palliative Care Association ceased to exist and the Rules of EPC were amended to accommodate this. The remaining three Partner Bodies continue as independent legal entities.








THE ORDER OF MALTA	OUTER EAST PALLIATIVE CARE SERVICE INC	THE SISTERS OF CHARITY (ST VINCENT’S HOSPITAL MELBOURNE LTD)
<p>The Order of Malta was founded in Jerusalem in 1098 just before the First Crusade. Since 1113, it has been a lay religious Order of the Catholic Church. It is also an international hospitaller and relief organisation, and a sovereign entity under international law. Its full title is the Sovereign Military Hospitaller Order of St John of Jerusalem of Rhodes and of Malta.</p> <p>It came to Australia in the early 1970s where its focus became the care of the terminally ill, the frail elderly and their families. It is based at Caritas Christi, Kew where it has an office and a boardroom. In 1992, Caritas Christi and the Order of Malta Hospice Home Care Services Incorporated was formed as a partnership of the Sisters of Charity and the Order of Malta. This home-based service was staffed by nurses, pastoral care and social workers and a core of trained volunteers. In 1997, the two partners became two of the founding partners in Eastern Palliative Care Association Inc.</p> <p>The Order of Malta in Australia has some 300 members and some 90 members in Victoria where it enjoys considerable volunteer support and is able to carry out a variety of programs. The Order is directly involved in the work of EPC as well as assisting others within its founding ethos: “Our Lords the Poor and the Sick”.</p>	<p>Outer East Palliative Care Service Inc. was incorporated in July 1991. The service originated from a strong community need for palliative care services, to provide people with a terminal illness in the outer east with a choice between hospitalisation or home-based palliative support.</p> <p>Outer East Palliative Care developed strong community links to service clubs, local government, General Practitioners, local hospitals, nursing homes, hostels and supported accommodated services, The local General Practitioners helped Outer East Palliative Care develop team models for delivery of home-based services.</p> <p>Home-based palliative care services commenced in 1994 across the areas of Ringwood, Croydon, Knox, Sherbrooke, Lilydale, Healesville and Upper Yarra.</p> <p>Outer East Palliative Care continues to advocate strongly for local services in the Outer East region. This strong link to the community remains today and provides Eastern Palliative Care with general community input and an ability to keep connected with community expectation,</p>	<p>The Religious Sisters of Charity, a Catholic order of nuns founded by Mary Aikenhead in Cork, Ireland, arrived in Sydney in 1838. They established St Vincent’s Hospital in Darlinghurst, NSW, in 1857. Then, in 1893, the Sisters opened the doors of SVHM in Fitzroy. SVHM has been the clinical school of the University of Melbourne since 1910. In 1938, a century after the Religious Sisters of Charity arrived in Australia, they opened Caritas Christi, Victoria’s first inpatient palliative care facility, in Kew. SVHM strives to anticipate and meet the needs of the Victorian community through its range of services including acute, sub-acute, home based and community care, residential aged care, palliative care, mental health, addiction medicine, and correctional health. Along with clinical excellence, SVHM is internationally recognised for cutting edge research and innovation.</p> <p>Today, SVHM is part of St Vincent’s Health Australia the national health and aged care arm of the Sisters’ current entity, Mary Aikenhead Ministries. Driven by its Mission in service of the poorest and most vulnerable in society and its values of compassion, justice, integrity and excellence fits us well in our commitment to, and involvement in, Eastern Palliative Care.</p>
		

# 6. Our catchment

Our catchment in Melbourne's East continues to grow in overall population, but specifically in age groups most likely to require palliative care, namely those over 65.

The local government area that shows the largest increased population of people aged 65+ is Monash, bringing it to numbers equivalent to those living in Yarra Ranges, Knox, Boroondara and Whitehorse. Each area has its specific locality-dependent features for this age group: for instance, Knox's has a disproportionate number of retirement villages and aged care facilities.



65+	 CITY OF MONASH	 Yarra Ranges Council	 Knox City Council	 BOROONDARA City of Haremby	 CITY OF WHITEHORSE	 MANNINGHAM	 Maroondah City Council
	MONASH	YARRA RANGES	KNOX	BOROONDARA	WHITEHORSE	MANNINGHAM	MAROONDAH
Total Population 2021	203,501	161,325	166,791	185,436	183,039	133,135	122,609
Projected 65+ Population 2036	38,329	38,003	37,594	36,974	36,880	32,267	24,869
Total Population 2036	238,054	180,344	185,406	204,378	215,155	149,274	141,002

Largest projected population growth of 65+ are shaded in green on the map

## 7. Our Success

### Key Result Areas





## 8. Summary of Strategic Themes



### 1. Our care

We are committed to providing the highest quality, holistic person-centred services, commenced in a timely manner, and delivered safely to the community we serve



### 2. Our engagement

We engage our community and stakeholders to understand and value the role of specialist palliative care.



### 3. Our people

Our people are engaged, valued and supported. Our staff and volunteers are provided with up-to-date skills, training and development opportunities to ensure they are competent and confident to deliver specialist palliative care.



### 4. Organisational Sustainability

A positive culture underpins the work of EPC. We will explore innovative strategies to ensure our organisational funding, resources and capabilities are sustainable in this unprecedented environment. Changes to our funding model are expected and we will be change-ready



# 9. Strategic Priorities

Our Care				
Intent	Strategic Direction	Headline Actions	Year 1 Activity	Key Result Areas
We are committed to providing the highest quality, holistic person-centred services, commenced in a timely manner, and delivered safely to the community we serve	Collaboration	Strengthen relationships with relevant stakeholders	Explore opportunities for outpatient clinics, including Caritas Christi Hospice Explore relationship opportunities with Eastern Melbourne Primary Health Network Continue involvement with Palliative Care Victoria’s activities Strengthen Consumer Advisory Committee and enhance their involvement across the organisation	<ul style="list-style-type: none"> <li>Increased percentage of deaths in place of choice</li> <li>Maintain performance indicators for responsiveness to date ready for care (DRFC)</li> <li>Percentage of clients in the unstable phase for 3 days or less must be 90% or greater</li> </ul>
	Strategic growth	Continue to strengthen our interdisciplinary clinical roles	Develop trauma-informed competency framework for Allied Health to complement our model of care Further develop EPC’s clinical role in bereavement support Coach and mentor Registered Nurses new to specialist palliative care Explore opportunities for additional Nurse Practitioner roles within the organisation Explore new opportunities for volunteer programs to support the interdisciplinary model	
	Innovation	Continue to deliver services safely in innovative ways, in response to emerging changes and the COVID-19 pandemic	Explore telehealth assessments in residential aged care safely Continue to support the volunteer workforce to deliver programs safely, including use of technology	

Our Engagement				
Intent	Strategic Direction	Headline Actions	Year 1 Activity	Key Result Areas
We engage our community and stakeholders to understand and value the role of specialist palliative care.	Community engagement	Provide the community with clear messaging and education on the value of palliative care	Continued promotion and education about palliative care to residential aged care staff and other stakeholders Promotion of the community speakers program	<ul style="list-style-type: none"> <li>Increased aged care referrals</li> <li>Increased overnight respite uptake</li> <li>Percentage of clients from top 5 countries (places of birth) versus all PCOC services</li> <li>Percentage of clients who speak a language other than English</li> <li>Increased Website metrics</li> </ul>
	Carer engagement	Empower clients and carers with tools and referral pathways that contribute to their wellbeing and positive mental health outcomes	Review and strengthen overnight respite	
		Develop and promote EPC’s Carer program	Create dedicated resources for carers	
		Continue to assess and understand the experiences of consumers and carer	Monitor the annual client and carer surveys and implement improvement plans, as appropriate	
		Listen and respond to consumer voices	Integrate the Consumer Advisory Committee members into organisational structures	
	Diversity and Inclusion	Provide targeted messaging about our services to First Nations, LGBTQIA+, culturally and linguistically diverse populations and other hard-to-engage groups	Develop meaningful EPC commitment document to support culturally safe delivery of care to First Nations people Add additional languages to EPC website Develop First Nations, LGBTQIA+ and CALD training schedule for staff and volunteers	




## 9. Strategic Priorities/Continued

Our People 				
Intent	Strategic Direction	Headline Actions	Year 1 Activity	Key Result Areas
<p>Our people are engaged, valued and supported.</p> <p>Our staff and volunteers are provided with up-to-date skills, training and development opportunities to ensure they are competent and confident to deliver specialist palliative care.</p>	Attraction and retention	Continue to attract and retain highly engaged, motivated and diverse staff and volunteers, especially those new to the sector	<p>Continue to monitor orientation surveys and implement changes where appropriate</p> <p>Conduct and evaluate biennial staff satisfaction survey and implement changes where appropriate</p> <p>Offer and support PEPA and student placements to introduce and attract clinicians to the field of palliative care</p> <p>Further develop careers section of website to inform prospective employees</p> <p>Continue to deliver EPC RN course externally</p>	<ul style="list-style-type: none"> <li>Maintain or increase staff average length of service</li> <li>Monitor average age of staff by discipline</li> <li>Measure and maintain staff engagement and satisfaction</li> <li>Increased Volunteer contribution (hours per six months)</li> <li>Maintaining Annual and long service leave liability within acceptable limits</li> </ul>
	Productivity optimised	Continue to ensure equity of workload and optimise accountability and productivity in the promotion of operational excellence	<p>Set KPIs and clear expectations of workloads</p> <p>Roll out appropriate training to support expected service delivery</p>	
	Culture, capability & leadership	Recognise the ongoing impact of the COVID-19 pandemic on staff and volunteers.	<p>Encourage staff to take regular leave in the promotion of self care</p> <p>Explore opportunity to extend leave provisions in recognition of impact of COVID-19 pandemic</p>	
		Strengthen the professional and personal development of our workforce, in the promotion of high quality service provision, facilitated by strong leadership	<p>Identify gaps in leadership capabilities and source appropriate training</p> <p>Explore innovative ways of ensuring that staff have dedicated time to complete competencies</p> <p>Create pathways for leadership development within the organisation</p>	
		Workplace behaviours are aligned to EPC Ethics Statement, our values, policies and processes	<p>Review and develop Code of Conduct</p> <p>Develop value based questions for interview process to maintain our ethical practices</p> <p>Utilise probationary period effectively to ensure alignment to organisational culture</p>	
	Volunteer development	Further strengthen the value and capabilities of EPC volunteers to ensure meaningful participation and engagement with the community	<p>Provide refresher training and support using technology</p> <p>Conduct and evaluate biennial volunteer satisfaction survey and implement changes where appropriate</p> <p>Maintain volunteer section of website to attract and inform potential volunteers</p>	



## 9. Strategic Priorities/Continued

Organisational Sustainability 				
Intent	Strategic Direction	Headline Actions	Year 1 Activity	Key Result Areas
A positive culture underpins the work of EPC. We will explore innovative strategies to ensure our organisational funding, resources and capabilities are sustainable in this unprecedented environment. Changes to our funding model are expected and we will be change ready.	External leadership	Continue to strengthen EPC's sector leadership through performance and industry presence, evidence translation and thought leadership	Senior leaders will provide thought leadership to external stakeholders	<ul style="list-style-type: none"> <li>Service Agreement performance met</li> <li>Financial sustainability: revenue and operating result against budget</li> <li>'Other' income increased each year</li> <li>Average length of episode of care (days) consistent with national trends</li> </ul>
	Financial Sustainability	Liaise with government to ensure appropriate financial support for growing demand Develop stronger relationships with local politician who can influence and advocate for EPC	Advocate to government, local politicians with community support, for capability needs to respond to growth in appropriate demand for services	
		Continue to develop alternative revenue sources	Strengthen methods for attracting bequests, donations and in-kind support Strengthen and develop alternative income generating streams	
		Deliver appropriate service to the right client at right time, in the right way in accordance with our funding Participate in future funding model development	Define sustainable practice to focus on last 12 months of life and dying from life-limiting illness Prepare impact statement for the new funding model	
	Infrastructure sustainability	Invest in information and technology-enabled innovation	Improve internal team communication using technology Maintain management of IT environment to ensure risks are managed.	
		Maintain our leadership for development of PalCare through our involvement with PalCare User Group	Continue organisational development of PalCare priorities through IPUG	
		Ensure sound business continuity planning	Review risk management plan on regular basis and implement actions	
		Ensure physical resources such as leased spaces and vehicle fleet are fit for purpose and sustainable	Review fleet allocation Annual review of lease spaces	
		Continue to use our rich data to drive innovation and service priorities	Analyse our data to inform workforce planning	





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