

## Grey, Christine W (DHHS)

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**From:** Anna Mackey <manager.hospice@netspace.net.au>  
**Sent:** Tuesday, 10 February 2015 11:33 AM  
**To:** One Health System (DHHS)  
**Subject:** HOSPICE VOLUNTEERS SUBMISSION IN RESPONSE TO GREEN PAPER  
**Attachments:** Hospice Volunteers brochure.pdf; Hospice Volunteers Walking Through Grief brochure.pdf; CSC Patient Information 6pp DL v4 CH.PDF

**Importance:** High

Dear Consultation Team,

On behalf of our organisation, I would like to submit the following comments in relation to the Green Paper: ***Delivering Safe and Sustainable Clinical Services*** and Supplementary Paper (No.3): ***Building a Stronger Community Care System***.

We submit that our service, funded through THO-South, plays a vital role in assisting government to meet the key objective of **“strengthening the community care system in order to improve patient outcomes and reduce pressure on the acute care hospital system** (page 2: *Building a Stronger Community Care System*)”. Page 6 of that same supplement describes community palliative care as being designed to **“help the dying person to live as well as possible and to support their family and carers.”** It goes on to state that **“the majority of people with a life limiting illness spend most of their time not in care or treatment centres but at home, with many choosing to die at home.”**

**Hospice Volunteers South Tas** (known as *Hospice Volunteers*) has, over three decades, played a key role in the provision of support to dying patients and their families, working in direct partnership with the **Palliative Care Service**, Community Health Nursing and other care agencies, to provide skilled palliative care volunteers in a range of settings including:

- **J.W. Whittle Palliative Care Unit**, where our volunteers perform regular ward shifts 365 days of the year, provide additional around-the-clock ‘as needs’ hospice support, and support occupational/diversionary programs
- **The Gibson Palliative Care Unit**, Calvary Health Care Tasmania, where our volunteers perform regular ward shifts, and support occupational/diversionary programs
- **Royal Hobart Hospital**, where our volunteers play a key role in the operation of the **Cancer Support Centre**, and provide much needed volunteer support to the **RHH Palliative Care Team** across the site, and in particular to Ward 2A Oncology
- **Throughout the southern region of Tasmania** where 1:1 support is provided in clients’ homes/places of residence (including aged care and multi-purpose facilities)
- **In the community through our *Walking Through Grief*** bereavement support program

Additionally, I sit on the **RHH Cancer Support Centre Clinical Advisory Committee** set up in 2013 to oversee management and governance of the Centre, and the **Whittle Working Party**, which was formed in 2014 to identify and deliver cost-effective and sustainable activities in response to the occupational needs of patients and families of the Whittle Unit.

We therefore submit that recognition of the value and necessity of our service in helping deliver an holistic, tailored and coordinated model of palliative care, is needed.

We further submit that the ***Walking Through Grief*** program has been proven over several years to be a **vital** source

of community-based support. In 2014, the program served its hundredth client, and significantly, the majority of clients of the program have been able to avoid clinical involvement, successfully transitioning through their bereavement with the skilled support we have provided.

Given that the vast majority of referrals made to our service for both end-of-life care and bereavement support come directly from the Palliative Care Service and other DHHS professionals, we submit that the collaborative nature of the role we play in community palliative care is needed by government. Many referrals are made through the acute care discharge-planning process, the intention of which is to assist patients to return home, and remain at home with appropriate supports, thus maximising quality of life for the patient, as well as alleviating pressure on acute care services. We receive up to 100 referrals for community support per annum, with several hundred families and patients additionally supported by us in inpatient and other consumer settings, and through the *Walking through Grief* program.

**Hospice Volunteers** is funded to “attend to the palliative care needs of individuals, families and communities” and to “achieve the industry standard in the provision of quality palliative care services” working “collaboratively with partners to provide integrated palliative care...” as well as providing “education to increase community awareness about palliative care, death, dying and bereavement”.

We submit that our track-record of excellence in service-provision, strongly indicates that we have consistently delivered, and will continue to deliver much by way of cost effectiveness, sustainability and responsiveness to the Tasmanian community, and that **Volunteers** are *integral* to the delivery of best-practice palliative care, in both acute and community-based settings.

Please see attached three brochures which provide a snap-shot of services delivered. Our service also appears in DHHS consumer information and on the DHHS website.

Thank you for the opportunity to respond to the Green and Supplementary Papers. We look forward to providing any further input you may need, and continuing to play our part in meeting the strategic objectives identified.

Sincerely

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