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## POSTER ABSTRACT

# Not Bruising the PEACH: A Risk & Governance Model for Community Palliative Care

2nd Asia Pacific Conference on Integrated Care, Melbourne, 11-13 November 2019

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**Introduction:** The relationship between the care giver, informal support and formal service provider is essential when delivering a home palliative care service. It is widely known this relationship can be damaged due to poor quality of services and/or service delivery by formal service providers. A potential cause for this can be inadequate governance and management of risk.

In 2013, South Western Sydney Local Health District was successfully awarded a tender to implement a Palliative Care Home Support Packages (PEACH) in partnership with five Local Health Districts in New South Wales and a Non-Government Organisation.

**Context and objectives:** Due to operational complexity involving a number of Local Health Districts and Non-Government Organisation, vast geographical expanse (covers more than one third of NSW) and diverse population, the governance for the Program needed to consider clinical and operational governance, meeting individual and collective needs of the organisations and comply with relevant legislation.

A governance framework was developed consisting of: Inter-District Corporate Governance, Clinical Reference Group and localised governance incorporating corporate management, risk management and incident reporting. This strong governance structure and incident reporting matrix aimed to create an integrated centre of competency with accountabilities and key performance indicators.

**Targeted population:** Palliative care clients of any age with a non-malignant or malignant condition and a predicted prognosis of days to weeks who choose to die at home or stay at home as long as possible.

**Highlights:** Formal evaluation of the governance framework has demonstrated:

- 100% governance structures sustained
- Only 25 incidents in 56,000 visits over 5 years with no Sac 1 or major incidents
- 95% carers surveyed indicated PEACH provided exceptional overall care to client & carer
- 92% clients preferred place to die at home met their wish
- 90% (n=3492) of clients (since commencement in December 2013) referred to the Program have package started on the same date as requested.
- Innovative model and implementation - Person Centred Approach
- Social strengths - Advocates for the choice of place of death for clients thus allowing for a 'good death'

- Embodies the CORE values of NSW Health – Collaboration, Openness, Respect and Empowerment

**Transferability:** The success of the partnership between the participating LHDs, NGO and Primary Health Providers can be attributed to the strong vision, ongoing communication and consultation, engagement on clinical and management levels, and transparent governance structure which includes consumer participation.

The PEACH Program governance structure in isolation could easily be adopted as a governance model when implementing a large scale partnership between a number of Local Health Districts/Health Services, Non-Government Organisation, Primary Health Networks and Primary Health Care providers.

**Conclusion:** Strong governance frameworks ensure protection for the most vulnerable when delivering health care in the community, embeds quality improvement into service delivery and provides continuous engagement and development of a localised sense of ownership mitigating risk.