

## **Wide Bay Burnett Aged Care Strategy Workshop Report**

**- November 2008-**

### ***Background and Purpose***

The *Wide Bay Burnett Regional Plan 2007-2026* identifies one of the many Human Services and Social Justice policy actions as

***8.1.1 j Develop a Regional Aged Care Strategy to address the issue of facilities and services on a regional scale.***

Queensland Health and the Department of Communities share responsibility for implementation of this policy action.

These agencies jointly conducted a workshop of expert aged care planners and service providers, researchers and community leaders in ageing in Maryborough in October 2008 to inform the Wide Bay Burnett Regional Aged Care Strategy Action Plan.

The results of the Wide Bay Burnett Aged Care Strategy workshop deliberations have been collated and are presented in this report.

### ***Workshop Methods***

The Wide Bay Burnett Aged Care Strategy workshop was designed to maximise participant input to the region's aged care strategy.

The day workshop included presentations from leading geriatricians, aged care researchers and a demographer.

The 4 presenters and key messages in their presentations are shown in Table 1.

**Table 1 Wide Bay Burnett Aged Care Strategy Workshop- Presentations and Key Messages**

Presenter	Presentation Title	Key Messages
<p>Professor Steven Counsell MD, Packer Policy Fellow, Centre for Aging Research, University of Indiana</p>	<p><b><i>Collaborative Models for Meeting the Future Healthcare Needs of an Aging Population</i></b></p>	<ul style="list-style-type: none"> <li>• Implement a collaborative model of care for older adults with chronic and /or complex conditions</li> <li>• Partner and coordinate care through GPs</li> <li>• Integrate the continuum of care including acute and long term care and attend to care transitions</li> <li>• Use a comprehensive model (vs disease management) approach in assessment and care planning</li> <li>• Involve specialists in geriatrics in planning and implementation</li> </ul>
<p>Professor Len Gray, Professor of Geriatric Medicine, University of Queensland</p>	<p><b><i>E-Health Strategies to Support Comprehensive Geriatric Assessment</i></b></p>	<ul style="list-style-type: none"> <li>• Ensure availability of adequate inpatient and post-acute geriatric assessment and rehabilitation resources across the region</li> <li>• Implement a standardised approach to geriatric assessment in an electronic format</li> <li>• Use available systems and training strategies to further develop the size and competence of the workforce of nursing and allied health specialists in aged care</li> <li>• Engage geriatricians in assessment, care planning using on-line and video conference modalities, with periodic site visits, giving priority to inpatient care, geriatric consultation, ACAT and transition care</li> <li>• Explore partnership arrangements with established specialist geriatric services which have the capacity to meet local service requirements</li> </ul>
<p>Dr Jo-Anne Everingham, Senior Research Fellow, Australasian Centre on</p>	<p><b><i>What is an Age-Friendly Community?</i></b></p>	<ul style="list-style-type: none"> <li>• Prevention pays and regional stakeholders can act as an advocate and catalyst for developing new policies, programs and systems to support older residents</li> </ul>

Presenter	Presentation Title	Key Messages
Ageing, University of Queensland		<ul style="list-style-type: none"> <li>• Attention should be paid to all of the determinants of healthy ageing- behavioural, psychosocial, environmental (built and social environment)</li> <li>• Harnessing the talent, wisdom and experience of older people and catering for them will enhance the whole community</li> <li>• There are checklists, guides and assistance about aged friendly communities</li> <li>• Regions and local communities should document their successes and failures</li> </ul>
Carl-Johan Rohlin, Demographer, Department of Infrastructure and Planning	<b><i>The Ageing Challenge for Wide Bay Burnett- Past Trends and Projections for the Next 25 Years</i></b>	<ul style="list-style-type: none"> <li>• By 2036 nearly 1 in 4 WBB residents will be older than 70 years</li> <li>• Demand for supported accommodation for older people in the region (for example nursing homes and hostels- not self contained accommodation) will increase by 180% over the next 25 years from 2 360 to 6 600 residents</li> <li>• It same increase in demand can be assumed for aged care services</li> </ul>

Themes to emerge from the panel discussion following the presentations were:

- Utilising technology to deliver health care, especially specialist services in regional, rural, and remote locations
- The need for coordinated aged care planning and delivery (generally through the GP)
- Increased investment in preventative and community based care
- Aged friendly communities (built and social environments)
- Encouragement for active ageing
- The specialist nature of dementia care and support

- Need to keep fit retirees working (particularly in aged care services for the less active aged)
- People live longer and the built environment should be designed for less mobile residents

After the presentations, participants were invited to identify their priority issues and actions (for the next 5 years) for aged care in the region in 5 themes:

- Built environment
- Safety
- Healthy lifestyle
- Workforce, services and support
- Social

The results of individual and group deliberations have been synthesised and are presented in the tables below. The workshop agenda is attachment 1 to this report.

## Wide Bay Burnett Aged Care Strategy Workshop- Issues and Actions (next 5 years)

<b>BUILT ENVIRONMENT</b>	
<b>Issue</b>	<b>Action</b>
Aged friendliness of the built environment	<p>New development to be aged friendly such as lighting and safety, capability for technological assistance, accessibility to public transport and community centres.</p> <p>Engage builders and developers in assisting to develop building and planning policy and regulation to achieve aged friendly environments in an economical manner</p> <p>Safe and flat paths in the CBD (no pavers or raised edges)</p> <p>Universal design features into Council building codes</p> <p>Approvals for new developments to require aged friendly infrastructure (lighting, safe footpaths, public transport routes etc)</p> <p>Public spaces that encourage affordable physical activity and socialisation (halls, parks etc) suitably located across to region to maximise access</p> <p>Commercial properties (parking, inside and outside design</p> <p>Reasonable width pathways for scooters and walkers etc with access on and off at vantage points (water, toilets, seats etc)</p> <p>Widths of aisles in some rural shops not wide enough for walkers or scooters to access. Need to audit these retail outlets and encourage and subsidise redesign to allow people with mobility assistance aids to access</p> <p>Encourage the development of smaller aged care facilities (particularly in rural areas) to facilitate local family access to the facilities</p>
Assisting people to stay at home or care for their loved one at home	Research and development of home based technology to support older people and carers (remote support)
Cost of aged care	Reduce the cost of building aged care facilities. Reproduce the same design many times. Reduce initial building costs to allow more rooms.
Integration of aged population into the broader community	<p>Ensure safety for the aged in the built environment but not impenetrable for the community (no high fences etc)</p> <p>Walkable neighbourhoods</p> <p>Allow residents of aged care facilities to use HACC funded community transport</p>
Consider 'whole of life needs' in housing	Incentives for developers and builders to build adaptable or housing for the disabled, if the BCA can't be changed Councils should encourage 'fit for purpose' housing (duplexes, relative apartments, duplexes etc)

<b>BUILT ENVIRONMENT</b>	
<b>Issue</b>	<b>Action</b>
	Ensure appropriate housing mix and affordability in areas
Integration of aged care facilities	Encourage integrated aged care facilities to meet progressive needs (independent living to palliative care in one facility) Locate aged care facilities strategically (in line with population projections) and not all facilities in Hervey Bay Benchmark aged care facilities, standards and infrastructure (per head of projected aged population) to cater for future needs
Mobility of the aged population	Public transport investment, more walk, cycle and motor scooter pathways to destinations (shops, chemist, GP). Scooter parking and charging facilities at shopping centres
Need to distinguish between aged care and aging population issues	
Moving away from the local area as care needs accelerate	Investigate the capacity of older people to move within their area to retirement villages and aged care facilities and highlight the gaps (areas that do not allow older residents to remain in their local area)
Public transport	Determine public transport needs of older people Develop a whole of Government transport plan that includes public transport, community transport, private buses, taxis and limos and coordinates these transport sources with easy booking access and affordable services
Meeting places for socialisation	Create a public space in CBD areas for age people to meet with coffee etc Strengthen senior citizen associations to run day activities and social programs in all areas of the region
Caring environment	Ensure safe mobility for older people around the home and outside of the home
Sport and the aged	Design appropriate sporting activities (golf, swimming, bowls, 'masters' competitions etc)
Ageing in Place	Aged care facilities need to be staff and client friendly in design
Local Govt regulations outdated	Review local govt regulations regarding building standards for the disabled (should only be BCA). Special purpose fund (funded from developments) for retrofitting buildings for the disabled Fast track aged care facility developments Set aside land close to community facilities for aged care facilities and retirement villages High speed internet connections across the Wide Bay Burnett regions to allow e-medicine

SAFETY	
Issues	Actions
<p>Elder abuse</p> <ul style="list-style-type: none"> <li>• Home, facilities, residential streets</li> <li>• Awareness and education</li> <li>• Isolation of some older people</li> </ul>	<p>Raise awareness of elder abuse  Education (add campaign) on speaking out against abuse  Heavy prosecution for assault, robbery of older people  Police, neighbourhood watch to partner to address elder abuse (street safe campaign, reclaim the street days for older people etc)  Broadening respite carers to include social workers</p>
<p>Health</p> <ul style="list-style-type: none"> <li>• Awareness</li> <li>• Prevention</li> <li>• Partnerships</li> <li>• Over medicating</li> <li>• Mental health issues</li> <li>• Lack of palliative care and geriatric nurses</li> <li>• Non-slip surfaces and rails (in homes)</li> </ul>	<p>GPs and families to partner in the care of older people  Falls prevention program to be rolled out across the region  Install falls prevention devices in homes  Local Government program (home assist or similar) to audit homes of older people and install anti-slip surfaces, grab rails etc at subsidised rate (State Government funding support)  Councils to ensure that all new homes have anti-slip surfaces in bathrooms, grab rails in toilets and shower/bath areas  Older people exercise days promoted through community centres, older people's organisations and funded by Office for Seniors (parks, walkways, shopping centres- before opening hours)  More aged care facilities and staff for Hervey Bay<sup>1</sup>  Need more geriatric nurses in the region (particularly Hervey Bay)  More palliative care for Hervey Bay (and the region)  Awareness campaigns for internet fraud, money security etc for older people (run through older people's organisations)</p>
<p>Aged friendly communities</p> <ul style="list-style-type: none"> <li>• Safety and scooters</li> <li>• Housing</li> <li>• Aged care facilities</li> <li>• Perception of older</li> </ul>	<p>More street lighting in towns of the region  Engage older people in designing aged residential facilities</p>

<sup>1</sup> A workshop participant provided a submission (post-workshop) in support of improved palliative care and geriatric nursing for Hervey Bay. The submission is attached to this report (see attachment 2) so that this information is shared with other workshop participants.

SAFETY	
Issues	Actions
people as 'easy target' for robbery (not respected and fearful)	
Technology <ul style="list-style-type: none"> <li>• Security screens</li> <li>• Alarms</li> <li>• Internet</li> <li>• Cameras at ATMs</li> <li>• Street lighting</li> </ul>	Free medical emergency devices for older people at home who are at risk Security cameras and lighting at all ATMs Housing commission homes to have alarms, security screens installed for older tenants Councils to support older residents with audits of home security and subsidised installation of security devices, where requested Councils to improve street lighting in retail/residential areas of the region
Transport <ul style="list-style-type: none"> <li>• Taxi subsidy scheme</li> <li>• Affordable health related transport</li> <li>• Scooters</li> <li>• Drivers licences</li> </ul>	General awareness campaign on the safe use of scooters (joint Council and Queensland Transport)  More flexible and affordable public transport in the region (similar to the Hervey Bay bus service that drops 'door to door' )  Hospital protocol to ensure that older people can get home from hospital safely and affordably  Review of the taxi subsidy scheme should consider broadening the eligibility to include all HACC clients and increasing the subsidy from the current \$25.00 limit to \$50.00 to acknowledge the long distances for some residents to travel to the larger centres of the region Support individuals who need to hand in licences due to age

HEALTHY LIFESTYLE	
Issues	Actions
Health impacts of loneliness and social isolation <ul style="list-style-type: none"> <li>• Malnutrition</li> </ul>	Active ageing Exercise groups (such as Noosa and Hervey Bay) across the region More social groups for older people Support pet ownership for older people (review Body Corporate, retirement village etc rules that exclude pet

HEALTHY LIFESTYLE	
Issues	Actions
<ul style="list-style-type: none"> <li>• Fear</li> <li>• Self harm</li> <li>• Suicide</li> <li>• depression</li> </ul>	<p>ownership)</p> <p>Develop a database on older residents and their skills and needs to monitor those at risk of social isolation</p> <p>Identify and resource one agency to coordinate the health support of older people</p> <p>Training support for volunteers (such as meals on wheels, respite and day centres) to identify socially isolated older people and connect them to available services</p> <p>Preparation for retirement through community based seminars and educational events</p>
Promotion of services	<p>Promote social support and community based services (such as volunteer friends, social groups etc) to volunteers, aged care workers and older people</p> <p>More funding for aged care services in rural areas</p> <p>Identify a theme and promote the services around this theme on radio, newspapers, NGOs (Lions etc)</p>
<p>Coordinated aged care</p> <ul style="list-style-type: none"> <li>• lack of holistic assessment and intervention for older people in regional areas</li> </ul>	<p>Improve the case management for older patients with complex needs (GRACE, HARP model, Integrated Assessment Unit (IAU) in Bundaberg for example)</p> <p>Enhance the coordination of aged care planning and delivery (primarily through the GP and including the hospital and community service providers in coordinated case management)</p> <p>Improve preventative programs (falls prevention, elder abuse awareness etc) and roll them out across the region</p> <p>Use tele-health more effectively in the region</p>
Carers (education and support)	<p>Improve the support to carers (support groups, more respite care)</p> <p>Seminars for appropriate services</p> <p>Community health councils can provide information, education for older patients and their carers</p>
<p>Transport</p> <ul style="list-style-type: none"> <li>• From rural to regional areas</li> <li>• To improve access to services for rural residents</li> </ul>	<p>Improve transport access for older people</p> <p>More flexible transport services in the region</p>

WORKFORCE, SERVICES AND SUPPORT	
Issues	Actions
WBB region projected to have less people of workforce age than retired age	<p>Review workforce needs and target the gaps (be focused on the workforce shortages and be targeted in response)</p> <p>Job share between agencies to improve staff skills and experiences and utilise existing workforce</p> <p>Utilise graduates and allied health practitioners for aged care</p> <p>Investigate flexible retirement options so that older skilled people can return to work, share their skills etc</p> <p>More work based child care centres to retain nurses and other aged care staff after they have children</p> <p>Develop aged care training courses for volunteers</p> <p>Investigate Indigenous cadetships in aged care</p> <p>Influence tertiary education sector to improve job readiness of nurses for aged care (influence curriculum and get practitioners involved in teaching, placements for graduates in regional hospitals)</p> <p>Investigate and develop satellite clinics and services throughout the region</p> <p>More flexible and part-time employment options (work from home, child care and chill out areas on site) for aged care sector to encourage retention</p> <p>Utilise volunteers for driving, mail delivery, photocopying, filing etc and up skill staff in these positions</p> <p>Training bodies specifically for aged care (as opposed to acute)</p> <p>Keep up with new equipment and software (use the technologies for skilled aged care)</p> <p>Improve the knowledge of dementia for aged care staff in the region</p>
Maximise older people's skills	Utilise the grey nomads network (skills and travel database) for the region
Pool the existing resources	<p>Better networking and pooling of resource across Government agencies in the region. For example, could jointly fund the infrastructure for e-health in the region to get specialist service to patients</p> <p>Improve access to mental health resources for regional residents</p> <p>Joint funding submissions (minimise competition and maximise regional resources)</p> <p>Better engagement between GPs and other health providers is needed to utilise resources and for improved case</p>

WORKFORCE, SERVICES AND SUPPORT	
Issues	Actions
	management
Interventions in the community	Shift the health focus to interventions out in the community Fund more rehabilitation services
Healthy ageing <ul style="list-style-type: none"> <li>• Self management (chronic disease, active ageing)</li> <li>• Life planning</li> </ul>	Encourage a shift to active ageing and healthy ageing and taking responsibility for individual health outcomes  Encourage the regions residents to start planning for older age from 45 years of age (plan aged care options with the family)

SOCIAL (Social Group 1 and Social Group 2 issues and actions combined in this section)	
Issues	Actions
Improved connectedness <ul style="list-style-type: none"> <li>• Unresponsive transport system</li> <li>• Need for support when drivers licence is not renewed</li> <li>• Need to coordinate transport and health</li> </ul>	Need a whole of Government response (infrastructure and service planning) for transport for older people Look at alternative means of service provision (take service to the person) such as e-health initiatives, internet based services Need a process of referral for older people losing their drivers licence due to declining capacity as this can be a very traumatic event, particularly in areas with limited public transport services Share files electronically to minimise patient travel to different services and for better case management Improve health transport to Brisbane for specialist services Hospitals should work with local services to ensure that appointments are scheduled for the aged and mobility disadvantaged

**SOCIAL (Social Group 1 and Social Group 2 issues and actions combined in this section)**

Issues	Actions
service provision	
Housing Maintenance	Funded coordinator to coordinate volunteers to carry out small maintenance work of the home of older people at risk
Volunteering <ul style="list-style-type: none"> <li>• Volunteers are ageing</li> </ul>	Strategies to increase volunteering and overcome barriers to volunteering activities (insurance limitations, free training, 'career' progression for volunteers etc) Engage younger people to volunteer and work with Education Queensland to access school students for volunteer programs (such as meals on wheels and others)
Social Support Services <ul style="list-style-type: none"> <li>• Fragmented and silos for support services</li> </ul>	Need to integrate and coordinate housing, transport and other social needs for older people Recompense family members (reasonably) who providing services to support their older relatives to stay in the community Use technology to support older people to stay in the community longer Improve community support (services and address stigma) for people with dementia Need to improve the training of residential care workers to respond to dementia patients Investigate alternative diagnostic options for people with dementia in the WBB region Full-time non-care provider service to guide people with dementia and their families through the illness and care options
Social Inclusion for older people	Reduce the stigma of ageing and adopt asset based approach to ageing communities Promote positive, active ageing Retirement strategies to prepare older people for retirement Need a comprehensive research base in the region to understand what people value for their 'wellbeing'- see AdvantAge USA project for a possible model
Funding for aged care to align with accurate statistics	Redirect funding to community based care for older people Attach wellness centres to tourist information centres to promote healthy ageing to older travellers Change the focus from primary health care funding to community and preventative health care funding
Diversity	Provided aged care staff with cross cultural training in response to the population profile and local knowledge of the community profile
Safe Environment	Promote home and neighbourhood safety Implement a call register of volunteers and neighbours to regularly call older people at home who are at risk

**SOCIAL (Social Group 1 and Social Group 2 issues and actions combined in this section)**

<b>Issues</b>	<b>Actions</b>
Models of Social Support	Promote holistic wellness Explore models of social support that already work and expand these ('pub clubs', 'leisure and lifestyle' activities not respite, 'grandma' and 'grandpa' adoption programs for families and older people wanting contact) Look to Indigenous and multicultural communities and model their best practices of caring for their older people
Disability <ul style="list-style-type: none"><li>• Ageing with a disability</li><li>• Older parents caring for children with a disability</li></ul>	Identify and respond to the needs of older carers of people with a disability in the region Identify and fund appropriate care and accommodation options for their children while older parents are still active carers
Older Men <ul style="list-style-type: none"><li>• Social isolation</li></ul>	Promote and resource Men's shed program and social groups for older men in the region

Source: Wide Bay Burnett Aged Care Strategy Workshop, 17 October 2008- Individual and small group deliberations

# Attachment 1 Wide Bay Burnett Aged Care Strategy Workshop Agenda

WIDE BAY BURNETT REGION AGED CARE PLANNING WORKSHOP

Friday 17 October 2008

9am-4pm

Federation Room, Brolga Theatre

(Corner Walker and Lennox Streets) Maryborough

## A G E N D A

9.00	Registration and Refreshments
9:15	Purpose and Agenda ( <i>Laurel Johnson</i> )
9.20	Welcome and Workshop Context ( <i>Kerry Winsor</i> )
9:30	Welcome to Country ( <i>Auntie Marie Wilkinson</i> )
9.35	Keynote addresses: Health System Responses to Ageing ( <i>Prof Len Gray</i> )
10.05	( <i>Prof Steve Counsell</i> )
10.35	<b>Morning Tea</b>
11.05	Population Growth and Age Projections ( <i>Carl-Johan Rohlin</i> )
11.35	Aged Friendly Communities ( <i>Jo-Anne Everingham</i> )
12:05	Panel Discussion <i>The most important actions a community can take to plan for its ageing population!</i>
12.30	<b>Lunch</b>
1.00	Introducing Small Groups Activity
1.10 – 2:30	Small Groups Activity- Priorities and Actions <ul style="list-style-type: none"> <li>• <b>Built Environment</b> (includes eg domestic, commercial and neighbourhoods)</li> <li>• <b>Social</b> (includes eg transport, multicultural and Indigenous, education and volunteering)</li> <li>• <b>Safety</b> (includes at home and in community, elder abuse, security and street lighting, technology)</li> <li>• <b>Healthy lifestyles</b> (includes nutrition, falls prevention, sport and recreation)</li> <li>• <b>Workforce, Services and Supports</b> (includes carers, families, professional and volunteers, employers and providers such as TAFE and Universities)</li> </ul>
2.30-3.15	Small Group Feedback- 5 priorities, important actions
3.15-3.30	Summary and Agreement- Priorities and Actions
3.30-3.45	Workshop Summary and Review
3.45-4.00	Next Steps and Close ( <i>Carol Weekes</i> )

# Attachment 2 Workshop Participant Submission on Aged Care Facilities and Staff in Hervey Bay

## RESPIRE IN PALLIATIVE CARE ON THE FRASER COAST

### What is palliative care?

Palliative care provides coordinated medical, nursing and allied services for people who are terminally ill, delivered where possible in the environment of the person's choice, and which provides physical, psychological, emotional and spiritual support for patients, and support for patients' families and friends.

The provision of hospice and palliative care services includes grief and bereavement support for the family and other carers during the life of the patient and continuing after death.

The primary objective of hospice palliative care is to enable people facing death:

- to be as free as possible from unnecessary suffering (physical, emotional or spiritual);
- to maintain their dignity and independence throughout the experience;
- to be cared for in the environment of choice;
- to have their grief needs recognised and responded to; and
- to be assured that their families needs are also being met. (Palliative Care Australia: <http://www.palliativecare.org.au/>)

Whilst palliative care is designed to address the needs of dying people and their families across the lifespan, the majority of palliative care recipients in Australia at this time are aged 65 or over.

### The need for respite in palliative care situations

The experience of caring for a family member or friend who is receiving palliative care is complex and demanding. It has been described by Australian carers as “the hardest thing we’ve ever done” (Aoun, 2004). These carers reported that the direct impacts of their carer role include:

- maintaining employment;
- financial loss and reliance upon government assistance;
- meeting the substantial cost of medications and equipment;
- adverse health effects related to stress and fatigue; and,
- reduced opportunity for social and physical activities.

These same carers also identified that the lack of respite services specifically had led to:

- social isolation;
- exhaustion and illness; and,
- a sense of loss of control over their lives.

These findings validate the many local anecdotal stories of residents on the Fraser Coast.

### Types of Respite

Carers of those receiving palliative care have identified three types of respite that may provide assistance

- *Inpatient respite*: usually in interim/transitional care beds in hospitals, although private hospitals can provide inpatient respite at the patient’s cost.
- *In-home respite*: currently only for daytime support, although there is an established need for overnight respite.
- *Day hospice*: whilst this is presently unavailable on the Fraser Coast, it is an approach to palliative care that provides the necessary level of support to the patient while allowing carers to work and ameliorate the financial impact of caregiving.

## Local Issues

1. The complexity of the application and approval process for residential respite is very distressing for people with life-limiting illnesses and their families. Unfortunately there are no short cuts to this process. Government funded beds require an approval from Aged Care Assessment Service. People go around visiting facilities, forms are collected, discussions are held, applications completed for people who may never reach residential care or for whom residential care is not the most appropriate option. The family's time would be better spent with their loved one and providing support and comfort for them.
2. People are often referred early in their condition but the Aged Care Assessment Service is aware they are not ready to accept residential care until much later. Their condition and hence their need for assistance and type of nursing/medical care will change considerably.
3. Often complex pain management is difficult to manage in an aged care facility, depending on the availability of the General Practitioner etc, and people may remain in hospital or transfer to hospital to stabilise. There is limited availability of physicians in this area.
4. People need respite to be available often at short notice but also to provide the comprehensive care (medical, nursing, allied health, spiritual, etc). The system is set up for planned respite bookings and often the community services have funding shortfalls so unfortunately some people cannot be fully supported when they need it.
5. The need for a hospice in Hervey Bay would provide for people under a more flexible model of funding and care and more appropriate for the people of younger age groups.

PallNet offers its support to the Hervey Bay National Seniors' submission to promote improved respite services on the Fraser Coast.



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This document has been prepared by Dr John Rosenberg RN PhD and Ms Dianne Barney on behalf of PallNet, a network of coordinated services, practitioners and community members on the Fraser Coast who respond to the needs of an informed community in promoting excellent care and support to dying people and their families.

## References

Aoun, S. (2004) *The Hardest Thing We've Ever Done. Full Report of the National Inquiry into the Social Impact of Caring for Terminally Ill People*. Canberra: Palliative Care Australia.