



EPC STRATEGIC BUSINESS PLAN 2024-2027

EMBRACING VALUE BASED HEALTH CARE

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Introduction from the Committee of Management, Chair and Chief Executive Officer

We are delighted to present the 2024-2027 Strategic Business Plan “Embracing Value Based Health Care”. Building on EPC’s 2021 Strategic Directions document, the past year has seen the development and early steps of implementation of EPC’s Value Based Health Care (VBHC) Strategy – “A Case for Change”.

The number of clients referred to EPC and admitted into our care has increased year on year. Our clients have higher acuity and greater complexity. Our focus is on how best to provide timely access to our service to improve outcomes for clients and carers. There is good evidence that earlier access to palliative care can improve quality of life, symptom control, mood, illness understanding, end-of-life care and survival and reduce low value non-beneficial therapies and health system costs (Porter 2013, Hui 2018).

EPC’s commitment to embracing value based health care reflects our dedication to delivering high quality services that truly make a difference in the lives of those we serve. It also allows us to utilise the wisdom, knowledge and experience of our staff, volunteers and consumer representatives through co-design and consultation. Our intent is clearly expressed in the VBHC Strategy, and the accompanying Framework provides the structure for implementation, with eight embedded principles guiding our decision making.

VBHC implementation is not a quick fix to the challenges EPC faces as a specialist community palliative care provider in Victoria in the post-COVID era. It is a long-term strategy to ensure EPC continues to fulfil its purpose of helping individuals live well every day.

In the journey ahead, maintaining flexibility and adaptability will be key to successfully navigating the challenges and opportunities that arise. We will regularly assess progress, gather feedback from stakeholders, and adjust as needed to stay aligned with our strategic goals.

The EPC Strategic Business Plan 2024-2027 was proudly endorsed by the Committee of Management in June 2024. We commend the Plan to you and invite you to participate with us in contributing to its success.



Adjunct Associate Professor Gaylene Coulton | Chief Executive Officer



Margaret Stewart | EPC Chair

Acknowledgement of Country



EPC acknowledges Aboriginal and Torres Strait Islander peoples as the Custodians of the lands and waters where we live and work. We respect their historical and continuing spiritual connections to country and community and pay our respects to their Elders past and present. We commit ourselves to the ongoing journey of Reconciliation with those who hold the memories, traditions, culture and hopes of Aboriginal Australia.

About Us

Eastern Palliative Care (EPC) is the specialist palliative care service for the Eastern region of Melbourne. We support clients and carers in the local government areas of Boroondara, Manningham, Maroondah, Whitehorse, Monash, Knox and the Yarra Ranges. We care for people who have life limiting illnesses and complex symptoms in their last year of life. These symptoms can be physical, psychosocial, emotional and/or spiritual.

EPC is funded to provide specialist palliative care by the Victorian State Government and is accredited to provide care through the Australian Council on Health Care Standards (ACHS).

Services are provided by a multidisciplinary team of clinicians: nurses, family support workers, physicians, occupational therapists, massage therapists, music therapists and volunteers. We work in partnership with clients' General Practitioners, other medical specialists, other service providers and carers to provide high quality specialist palliative care. We aim to partner with our clients to facilitate their end-of-life choices.

EPC was formed more than 25 years ago as a partnership between Outer Eastern Palliative Care Service Inc., St Vincent's Hospital (Melbourne) Ltd and the Order of Malta Hospice Home Care (Vic) Ltd.



Our Purpose

- Our clients live with the best quality of life, before dying in their place of choice.
- Our clients, their families and carers are supported according to their needs and choices.
- Our resources are managed wisely and sustainably to provide value for the community.

Our Roles

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



Our Values

The **EPC Code of Ethics** articulates the basic principles upon which EPC operates and informs our values.



Value Based Health Care at EPC

In 2023, we embraced Value Based Health Care (VBHC) as the framework to drive our intention. Person-centred value in health care is the measured improvement in a person's health outcomes relative to the cost of achieving that improvement. An outcome is described as a milestone, consequence or endpoint that matters to a person. There has been an international shift towards value based health care and the opportunity it provides to move the focus of healthcare delivery from volume (the number of occasions of service) toward value (the impact of the care delivered on client outcomes).

VBHC has a person-centred approach:

- Through shared decision making, clinicians and the person receiving care must work together to understand the goals of that person, and then use these goals to determine the outcomes that matter and the processes and structures that are applied to achieve these.
- It involves a focus on the accurate and systematic measurement of outcomes that matter to clients and are clinically relevant. Health services must routinely use patient reported outcome measures (PROMS) and patient reported experience measures (PREMS) and address unwarranted variation in delivery.
- People receiving care must be involved, through co-design, in all aspects of health care system policy and strategy development and pathway design.
- Due to finite resources, it is not possible to provide every person with their preference all of the time. Clinical teams must then work with the available services, products and resources to best determine how to meet the goals of individuals.

EPC will use person-centred value based health care principles and an eight-component framework to achieve our purpose in the future. VBHC is a long-term evolving strategy which will enable EPC to build the culture and capability of the organisation to 2030 and beyond.

Our Value Based Health Care Principles

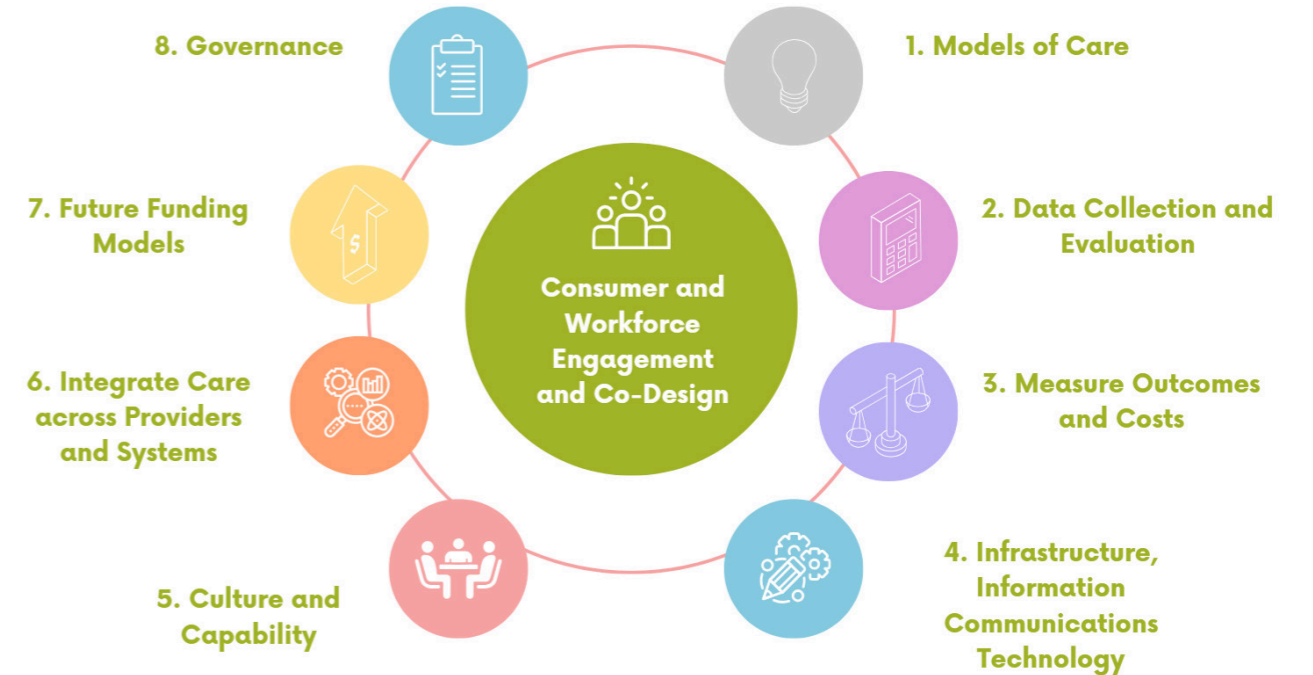
These are the principles EPC has adopted which underpin VBHC and guide our decision-making.

1. Care is designed with and around the person/population.
2. The right care is provided, to the right person, at the right time in the right location, by the right provider.
3. Our workforce are subject matter experts who inform our decisions.
4. Timely care is prioritised at an individual and population level.
5. Care is integrated, coordinated and based on risk assessment – who needs the care the most first.
6. Impact on the environment is considered in everything we do.
7. Continuous feedback is utilised to improve care and remove unwarranted variation.
8. Value is reflected in the outcomes that matter most to the client and the effective and efficient use of resources.



Our Value Based Health Care Framework

We developed our Value Based Health Care Framework to guide the transformation of our services, organisation and projects. It was developed through, and centres around, co-design with our consumers and workforce. Co-design is described as a 'way of bringing consumers, carers, families and health workers together to improve health services.'



Each component has been developed as a series of statements of intent.



1. Models of Care

- The way we deliver our services will evolve with changing client expectations, technological and treatment advances, and increased demand for our services within a restrained financial environment.
- Our multidisciplinary intake and assessment processes will be streamlined so clients are admitted or readmitted into service in a timely and appropriate manner.
- We will explore a Palliative Care Assessment Service to facilitate early access.
- Models of care will be developed for key illness trajectories and client groups.
- Services will be delivered using the most appropriate method eg in person, by telephone, video conferencing and/or remote monitoring.
- Low value care will be identified and reduced/removed.
- Our services will be lighter touch and transformed by learning from our pilot projects.
- Clients and carers will be empowered partners in their care and support.
- We will facilitate better access to our volunteer services and community support.
- EPC will increase the consistency of service delivery across teams.



2. Data Collection and Evaluation

- We capture data to assess our clients' health status and outcomes, and to identify areas for improvement.
- Data is collected to understand the demographics of our community and to assess our performance, and the engagement and satisfaction of those working or volunteering with EPC.



3. Measure Outcomes and Costs

- We will investigate multidimensional outcome measures, broader than those traditionally used, that focus on what matters to our clients to have meaning in their last year of life.
- We will investigate other methods of collecting Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs).
- We will use this information to inform shared decision making and care pathways.
- Variation in costs between disease streams will be analysed.

Summary of Stakeholders Consultation



4. Infrastructure, Information and Communications Technology

- We will move from primarily a face-to face service delivery model to a multichannel, consumer centric approach in which all modes of service delivery are integrated in care.
- Our staff will be supported to work flexibly, whether from the office or in the community.
- EPC will consider the impact on the environment of business decisions and act now to reduce our emissions.
- Our buildings and fleet will deliver economic and environmental value and allow us to deliver our model of care.

5. Culture and Capability

- We will ensure compassion, dignity, excellence, and empowerment are embedded into our decision-making, recruitment, performance framework, training, education and service delivery.
- Our workforce is integral in our journey to value based health care and will co-design our care pathways, systems and processes.
- We will develop our workforce from their introduction to EPC and palliative care to work at the top of their scope of practice.
- Our workforce will be equipped to respond to increasing client complexity, the burden of chronic disease and an ageing population.

6. Integrate Care across Providers and Systems

- Our role in providing specialist community palliative care is one part of the client's health journey.
- We provide care and support in partnership with other providers and the community and will ensure transitions of care between health providers is seamless and integrated.
- We will support and educate clinicians in the community and primary care to deliver generalist palliative care.

7. Future Funding Models

- We will manage our resources wisely and sustainably to provide value for our community and our funders.
- We will develop costing models to understand high and low value care to ensure our allocation of resources is based on our VBHC principles.
- We actively pursue alternative funding streams and build philanthropy to support investment in service delivery, research, and innovation.
- We will champion the benefit and value of specialist community palliative care in improving end of life care.
- We will collaborate with the palliative care sector to develop outcomes based funding models and advocate for increased funding of palliative care.

8. Governance

- EPC has a Clinical Governance Framework (CGF) to ensure that clients and carers receive safe and high-quality specialist palliative care and that the elements for integrated corporate and clinical governance systems are in place. EPC's staff and volunteers are accountable to clients and the community for continuously improving the safety and quality of their services.
- We will transition our external accreditation from the Australian Council on Healthcare Standards (ACHS) Evaluation and Quality Improvement Program (EQuIP), to the National Safety and Quality Primary and Community Healthcare Standards.
- EPC will move from an Incorporated Association to a Company Limited by Guarantee.



VBHC Implementation Plan Year 1 2024-2025

| Framework element | Initiative | Outcome by end Q4 2024-2025 | Completion target date |
|--------------------------------|---|--|------------------------|
| Models of Care | Allied Health (AH) Model of Care implementation New models are being piloted to: <ul style="list-style-type: none"> Implement reduced scope to ensure specialist palliative care. Increase number of clients receiving services. Decrease waiting times. | <ol style="list-style-type: none"> Volunteer Services, Music & Massage Therapy pilot to be evaluated Q2 2024-2025 and key learnings will be implemented into care. Psychosocial care pilot be evaluated in Q2 2024-25. Key learnings will be implemented into care and the model will be rolled out across EPC. | Q4 2024-2025 |
| Models of Care | Aged Care Model Phase 1 A new Aged Care Model has been developed and will be implemented across EPC from 2/7/2024 to embed learnings from Victorian Department of Health funded project and to ensure service sustainability. | <ol style="list-style-type: none"> Service demand and response will be monitored. An evaluation will include compliance with the use of telehealth, demand measures, feedback from EPC staff and Aged Care nursing staff. Feedback will be integrated into improving care. Learnings will be used to design Phase 2 of Aged Care Model. | Q4 2024-2025 |
| Models of Care | Renal Early Access, Surveillance and Evaluation (EASE) Project aims to support end of life conversation & care for clients withdrawing from renal dialysis. | Project will be evaluated in Q1 2024-2025, and the learnings integrated into improving care. | Q1 2024-2025 |
| Models of Care | Bereavement services review aims to ensure service sustainability & improve consistency of service offering. | <ol style="list-style-type: none"> Bereavement risk assessments will be completed at initial assessment. Bereavement support calls for carers of clients in Aged Care will be undertaken by trained volunteers. All bereavement information will be sent by email. Bereavement support calls for carers of clients in Aged Care will be undertaken by trained volunteers. Condolence call processes will be consistent across EPC. | Q1 2024-2025 |
| Models of Care | EPC Referral review aims to explore intake criteria and the use of RUN-PC. The demographics and management of those who do not meet the criteria will be evaluated. We will ensure staff risk is consistently managed from Intake. | Review to commence Q2 2024-2025 <ol style="list-style-type: none"> Explore timely care for clients referred who do not meet admission criteria. Processes to escalate and manage complexity and risk early after referral will be developed. | Q4 2024-2025 |
| Data collection and evaluation | An Operational Dashboard will be developed to inform the daily operational decisions. | The Operational dashboard will provide daily data on: <ol style="list-style-type: none"> Waitlist Wait times Response times 'Red flags' | Q2 2024-2025 |
| Data collection and evaluation | Evaluation - Improve staff visibility and understanding of the use of data. | <ol style="list-style-type: none"> The Operational dashboard will be used with teams to understand demand. Data will be used to evaluate key projects. | Q4 2024-2025 |

| Framework element/s | Initiative | Outcome by end Q4 2024-25 | Completion Target |
|--------------------------------|--|--|-------------------|
| Data collection and evaluation | CEO Scorecard | A CEO Scorecard will be developed to monitor progress of the Strategic Plan. | Q2 2024-2025 |
| Measure outcomes and costs | Measure the outcomes of telehealth utilisation | A project will be undertaken to measure the outcomes, costs and acceptability of telehealth in community palliative care. | Q4 2024-2025 |
| Measure outcomes and costs | Pilot the Sprink Person Centred VBHC tool. A proof of concept of a potential patient reported outcome measure. | Client values will be clearly articulated, and care designed to assist them in meeting those goals. | Q3 2024-2025 |
| Measure outcomes and costs | PROMS & PREMS - Explore additional or alternate patient reported outcome measures (PROMs). Develop mechanisms to elicit feedback from clients and carers (PREMs). | EPC will have additional feedback into the care delivered including those that link to economic evaluation. | Q4 2024-2025 |
| Infrastructure and ICT | A Payroll system will be implemented that includes the ability for electronic rostering. | A suitable product will be identified and implemented, including staff education. | Q2 2024-2025 |
| Infrastructure and ICT | PALCAREGO - Explore appropriate resources and strategies to support the delivery of virtual care. | Appropriate resources, training and strategies will be available to support the delivery of virtual care. | Q4 2024-2025 |
| Infrastructure and ICT | Office Lease - Ensure future accommodation needs are identified prior to lease expiry in 2026. | A strategy will be developed and in place. | Q4 2024-2025 |
| Culture & capability | Develop a workforce plan including: <ul style="list-style-type: none"> A leave management plan. Early careers clinical roles. | <ol style="list-style-type: none"> Leave management processes will be clear to proactively manage leave liability. Key early career roles will be identified and developed. | Q2 2024 -2025 |
| Culture & capability | Build workforce culture | <ol style="list-style-type: none"> Develop & implement action plans from staff surveys. We will work toward an inclusive, proactive, positive culture. Internal values will be in place. Build change capability and resilience. | Q4 2024-2025 |
| Culture & capability | The EPC Learning and Development framework & strategy will be implemented. | A collaborative, consistent, and coordinated approach to education will be in place. | Q2 2024-2025 |
| Culture & capability | Communication Review - Revise external communications to reflect new care models. | <ol style="list-style-type: none"> Clients and carers will understand their responsibilities to keep staff safe. EPC will set clear and realistic expectations. | Q4 2024-2025 |
| Culture & capability | Healthy End of Life Project (HELP) EPC have partnered with La Trobe University to investigate the effectiveness of the Healthy End of Life Program on client and carer outcomes. | EPC will identify clients and carers as participants in a randomised controlled trial. Results will be shared, and learnings integrated into service delivery if appropriate. | Q3 2024-2025 |

| Framework element/s | Initiative | Outcome by end of Q4 2024-25 | Completion Target |
|---|--|---|-------------------|
| Culture & capability | Research & Evaluation - Build research capability. Build internal capacity to design and implement research within EPC. | 1. A research interest group will be active. 2. Research education and support will build capability. 3. Key priority areas for research will be identified. 4. Internal research projects will be underway. | Q4 2024-2025 |
| Integrate care across providers and systems | A General Practitioner (GP) Palliative Care Community of Practice will be convened by EPC & the Eastern Metropolitan Region Palliative Care Consortium (EMRPCC) Consortium. | 1. A survey will be initiated to survey GPs on their interest and engagement with palliative care. 2. A Community of Practice will be convened and sustained. | Q4 2024-2025 |
| Integrate care across providers and systems | GP Meet and Greet Program EMRPCC will develop a model for palliative care clinicians to visit GP practices to deliver professional development via training sessions. | Palliative Care education and support for GPs, practice nurses and practice managers will be available in their practices. | Q2 2025-2026 |
| Integrate care across providers and systems | Data Sharing with My Health Record PalCare is mandated to enable data sharing with My Health Record by December 2024. | 1. EPC will have access to up-to-date client information. 2. If possible, EPC will use & provide data to My Health Record to improve client care. | Q4 2024-2025 |
| Future funding models | Increase income from philanthropic, grants, non-government funding. | EPC funding from alternate sources will increase. | Q4 2024-2025 |
| Governance | Progress the corporate governance of EPC towards a Company Limited by Guarantee. | 1. EPC will become a Company Limited by Guarantee. 2. Internal and external facing resources will be updated to align with legal structure. | Q2 2024-2025 |
| Governance | Accreditation - Transition from EQUIP 6 to the National Safety and Quality Primary and Community Healthcare Standards. | 1. EPC will prepare for and undertake an accreditation survey in Q3 2024-25. 2. The relevant changes will be made to ensure service is compliant with standards. | Q3 2024-2025 |
| Governance | Safety review Review processes, equipment, education, and expectation to prioritise staff safety. | 1. Processes to improve staff safety will be reviewed & a process map developed. 2. Duress alarms will be used by all staff when in the community. | Q2 2024-2025 |



Palliative care. Living well every day.

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