



# TOOWOOMBA HOSPICE

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**RECEIVED**  
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HEALTH AND COMMUNITY  
SERVICES COMMITTEE

Submission 21

26 July 2012

Peter Dowling MP  
Chair  
Health and Community Services Committee  
Parliament House  
George Street  
BRISBANE QLD 4000

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Dear Sir

**Re: Health and Community Services Committee: Palliative care services and home and community services inquiry**

We refer to your letter dated 25 June 2012 in regards to the above enquiry and wish to make a submission in response to the Terms of Reference. First of all, we would like to provide the enquiry with the following overview of our service that demonstrates the importance of our facility within our community.

The Toowoomba Hospice is a licensed private six (6) bed facility offering sub-acute inpatient palliative care services to the terminally ill of Toowoomba and the Darling Downs. Opening on 1<sup>st</sup> July 2003, we have received and cared for 762 admissions to date and believe that we are an important service, resource and facility in our community.

Our service is fee free and cares for all clients who are unfunded, members of private health funds and Veterans. The admission criteria addresses the palliative care needs of the terminally ill who are within the last three months of life.

The success of our facility is due to three pillars, namely client care, fundraising and human resource management.

We rely very heavily on recurrent funding from Queensland Health that makes up approximately one third of our operating budget. The remaining two thirds is made up of generous community benefactors including service clubs, schools, businesses and individuals, and private health funding, should clients be a member of a health fund.

The care of our clients is provided under the leadership of our Director of Nursing and each shift is coordinated by a Registered Nurse. We offer an individualised, holistic care model

and encourage families and significant others to be involved with day to day care. Our care atmosphere is reflective of Hospice philosophy, making it possible to deliver family-centred care in a relaxed home-like environment.

Our professional and specialised care is flanked by a first class cohort of Administration Staff and over 100 Volunteers who provide ancillary supports in the areas of record keeping, kitchen, housekeeping, maintenance, gardening, fundraising and other general daily tasks.

We wish to respond to the terms of reference of the Palliative care and home and community care services inquiry with the following points for consideration.

❖ *The capacity and future needs of these services:*

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We believe that the capacity of our service into the future will continue to meet the needs of the people of Toowoomba and the surrounding Darling Downs. With continued support of recurrent funding from Queensland Health and from our generous community we can continue to be an effective and efficient palliative care service.

Because of the licensing requirements including skilled staff and physical facilities in relation to children and adolescent palliative care our capacity to provide palliative care for this group is extremely limited.

❖ *The effectiveness, efficiency and adequacy of palliative, frail and chronic care services:*

Inpatient Hospices are a vital resource in the community and provide holistic care alternatives for the terminally ill who may express a wish to die at home but cannot access sufficient services to achieve this goal. Hospice plays a very important role to provide positive dying experiences and as evidenced by research, instils a coping resilience for families and significant others well beyond the bereavement phase.

It is our experience within the Darling Downs palliative community that a high level of service is available from the federal government funded palliative outreach program, local medical practitioners, domiciliary nursing services and other allied home and community services. Many times, it is evident that care providers offer services that are above and beyond their service capability, but stretch resources to ease the distress of clients and families.

There is a significant gap to provide support overnight because the resources are simply not available, however fortunately our care alternative is available when families indicate the need. Many more community based admissions to Hospice are occurring, providing a direct admission to care without assessment at emergency departments or acute palliative/medical wards.

- ❖ *Opportunities for reforms to improve collaboration and cooperation between chronic, disability and other health services:*

The Toowoomba Hospice has identified gaps in service for the terminally ill aged 18-65 years who for varied reasons, need to stay in our facility, well beyond the length of stay suggested in our admission criteria, because there is no alternative. Access to alternative accommodation for chronic illness is often protracted, logistically difficult and more importantly distressing for the Clients and families involved.

An improvement in services and alternative accommodation is needed for this age group and would assist with the collaboration of our service to provide the best possible care and care alternatives for the terminally ill 18-65 years of age. A short term reduction in the delay to process assessments for younger chronically terminally ill people is vital to reduce the pressure on acute and sub-acute palliative care services, and needs to provide more immediate high care services in residential facilities, or in the home.

- ❖ *Consideration of segmenting the current Home and Community Service system based on age of the Client, needs of the Client, their carer and the providers:*

No further comments relating to this consideration.

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We appreciate the opportunity to respond to the terms of reference in relation to this inquiry and to participate in the public hearings and consultation scheduled for August. Please do not hesitate to make contact for further information.

Yours sincerely



Graham Barron OAM  
Chairman  
Toowoomba Hospice Association Inc



Alicia Trimmingham-Turl RN BN (USQ)  
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Director of Nursing



## Health and Community Services Committee

### Palliative care and home and community care services inquiry

The Legislative Assembly referred this inquiry to the committee on 7 June 2012.

#### Terms of Reference

1. That the Health and Community Services Committee inquire into and report on Queensland's chronic, frail and palliative care services.
2. That, in undertaking this inquiry, the committee should consider:
  - the capacity and future needs of these services (including children and adolescents palliative care)
  - the effectiveness, efficiency and adequacy of palliative, frail and chronic care services
  - examine opportunities for reforms to improve collaboration and cooperation between chronic, disability and other health services, and
  - consideration of segmenting the current Home and Community Service system based on age of the client, needs of the client, their carer and the providers.
3. Further, that the committee take public submissions and consult with key industry groups, carers, health workers and relevant experts.
4. The committee is to report to the Legislative Assembly by 28 February 2013.

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