

Priorities

July 2017 – current

Early priorities were to:

Increase equity of access in each community (not create concentration of resources in large population centres)

Make optimum use of the staff role

Centralise governance/oversight of volunteer activities
Be responsive to local need

Plan for sustainability at end of funding period

Although death is inevitable, many of the social, psychological and spiritual issues that can accompany it are not. Community and public health initiatives in palliative care are joint programs developed ... in partnership ... to reduce these possible harms.

A Guide to Palliative Care Service Development: A population based approach (2005) Palliative Care Australia

Project Design

Based on community development methodology
Facilitated relationships between local clinicians and
partner organisations by Project Coordinator
Volunteers attached to partner organisation
Clinicians actively involved in induction training and
referrals



Planning / Community Engagement

Mapping study of clinicians and potential partner organisations (Western NSW LHD & Palliative Care NSW) Project leadership role taken by Volunteer Project Coordinator

Identify most supportive clinicians for the trial sites Identify the most likely partner organisation in each potential trial site

Reach agreement over the clinician-volunteer relationship (Shared Vision Workshop)

Oversight

Governance guidance provided by Steering Committee

Implementation

5 Sites: Orange, Dubbo, Mudgee, Coonabarabran and Grenfell

28 Volunteers

Develop a Memorandum of Understanding between WNSWLHD and the Community Volunteer Partner Organisation

Oversight/Steering Groups established

Review of Partner Organisation recruitment & Induction processes

Develop a generic Palliative Care Volunteer Application template and Position Description for adoption in each community

Recruitment of Palliative Care Volunteers

Coordinate and deliver an evidence-based Palliative Care Volunteer Training Program

Review and evaluate Volunteer suitability/commitment

Volunteers complete induction process of Partner Organisation



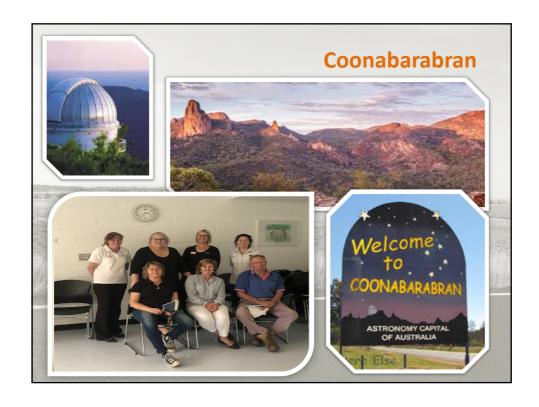
Develop generic Palliative Care Volunteer Guideline Document which can be adapted to meet the needs of each Community Palliative Care Volunteer Service (PCVS).

Develop generic templates for communication, referral and reporting purposes which can be adapted to meet the needs of each Community PCVS

Oversight Group Meetings and Volunteers, work together to review and endorse guideline document and templates

Commencement of referrals across all sites





Strategies for sustaining Volunteer Service in trial site communities

Build capacity of service partners

Ongoing education and training

Ongoing strategic support

What next.....

Evaluation

Transferability of this initiative