

End of Life Care Improvement Group (B9)

27-28 June, Brisbane
Meeting Code HRT1812

Why Participate?

- ❑ *Compare your End of Life care practices with your peers*
- ❑ *Learn effective strategies for improving quality of life for patients*
- ❑ *Share issues and innovations with your colleagues*
- ❑ *Develop practical action plans to improve your service over the next year*

SUBSCRIBE

Select Optional Activity B9 on your subscription agreement and return by email to:
accounts@healthroundtable.org

COST

\$A5,250* for first facility in your network. \$A4,250* for each additional facility. *excl GST

Individual delegate venue fees are billed separately.

ENQUIRIES

General Manager

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The End of Life Care Improvement Group aim is to improve the provision of high quality end of life care by sharing information on implementing innovative and effective practice. The group receives 6-monthly reports that contain both operational and clinical data and shares information through an annual workshop.

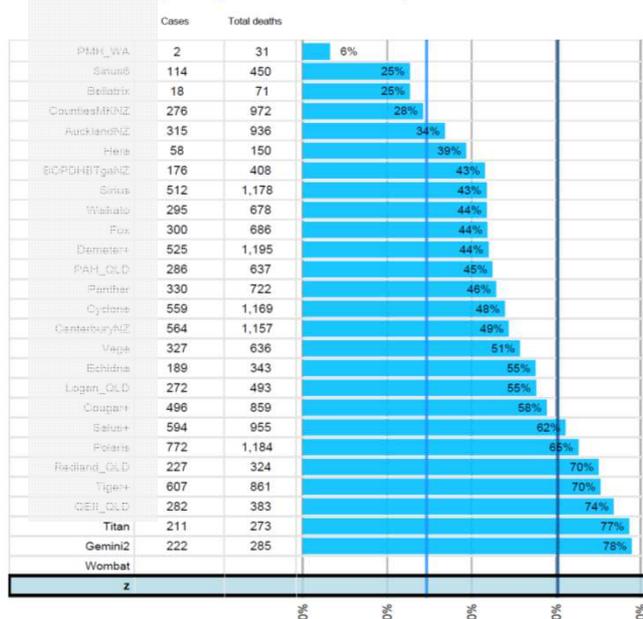
This years the End of Life Care Improvement Group will share data and stories about caring for individuals and families at the end of life; as ***"we only get one chance to get it right."*** Embedding the importance of quality End of Life care in the whole of health system.

The End of Life Care Improvement Group meeting is an excellent forum for discussion and a great opportunity to hear from leading experts in the field and share innovations from our membership. We hope you can join this growing group and share your wisdom as well as gaining new knowledge from your peers.



The average percentage of inpatient deaths coded palliative ranged from 6 - 78%, with an average of 30%.

3.1 Percentage of inpatient deaths coded with palliative care Comparison with peers (2016 Jan - 2016 Dec)



End of Life Care Improvement Group

What do you need to do?

- ❑ Designate a key liaison contact for questions and follow-up
- ❑ Submit surveys as required
- ❑ Track progress and report on current improvement projects
- ❑ Organise a delegation to attend the annual workshop—up to four people
- ❑ Identify an improvement objective for implementation based on innovative ideas

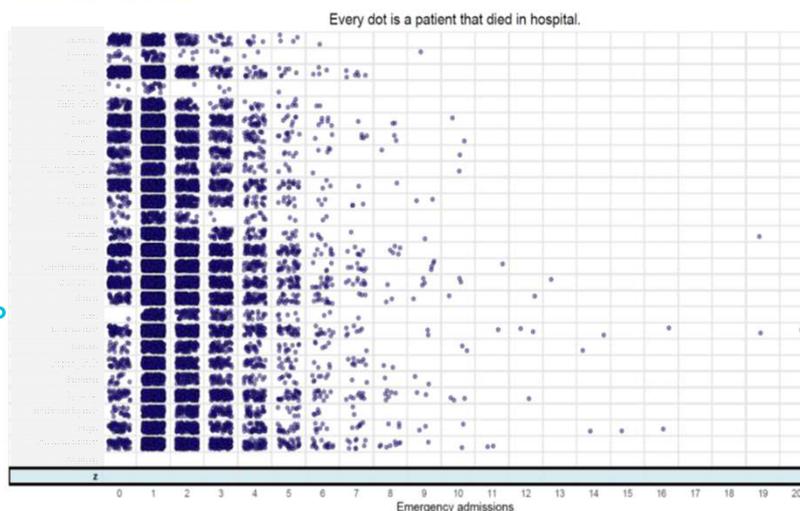
What does The Health Roundtable do?

- ❑ Works with national and international experts to identify key trends and innovations in End of Life Care
- ❑ Surveys participating health services to identify innovative practices that are already improving End of Life Care
Collates and analyses survey results
- ❑ Summarises the meeting and circulate all presentations
- ❑ Tracks progress on your action

Date	Timeline 2018
16 May	Pre-meeting survey distributed
12 June	Deadline for return of pre-meeting surveys
12 June	Reports available on website
19 June	Briefing materials distributed
27-28 June	End of Life Care Improvement Workshop - Brisbane

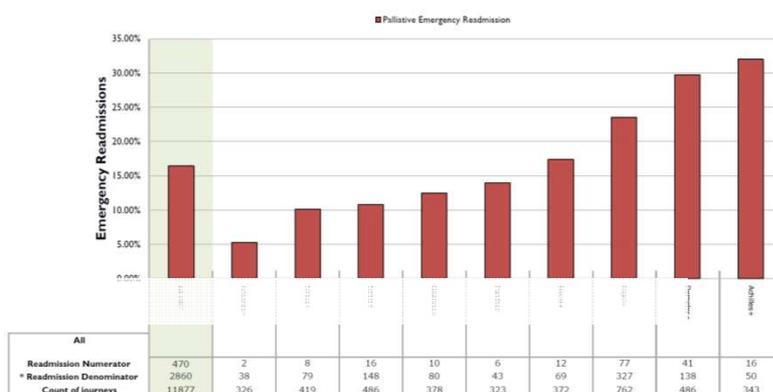
Patients on average experienced 1-2 emergency admissions in the last 6 months of life, however, some people experienced up to 20 emergency admissions.

4.2 Emergency admissions in the last six months of life
Distribution (2016 Jan - 2016 Dec)



At All HRT, Palliative Care, the emergency readmission rate was 16.43%

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The Subacute feedin reports are an additional source of data for your palliative care service that show important indicators such as readmissions and complication of care compared to peers.

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The Health Roundtable helps health executives learn how to achieve best practice in their organisations. We collect and analyse operational and clinical data of our member organisations to search for innovations in patient care. We promote collaboration and networking amongst health executives and staff through our roundtable meetings, workshops, and other activities.