

Living Every Moment


hospice

New Zealand

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Next month, the Hospice New Zealand team looks forward to welcoming over 300 delegates to Auckland for the *23rd Hospice New Zealand Palliative Care Conference*. The theme this year is Aukahatia – Fostering Resilience; honouring and reinforcing the importance of strength and resilience when it comes to the end of life.

Held over two and a half days, this is an unmissable opportunity for health professionals from a variety of fields to learn from international and local leaders in palliative care. Strategic, practical and forward thinking, the conference will include innovative clinical developments, best practice, education and research.

Of course, Conference 2018 is also an opportunity to network, to get together with colleagues and friends, and to make lasting new connections. It reminds us that we are part of a wide-reaching sector – a healthcare community that works together across a range of settings and locations, all striving to achieve the best possible end of life care for patients and their families.

Register today, knowing that Conference 2018 will leave you invigorated and inspired as you continue in your practice.

Warm regards,



Mary Schumacher
Chief Executive,
Hospice New Zealand



Hospice New Zealand

P O Box 11557, Wellington 6142
T: (04) 381 0266 www.hospice.org.nz

Aukahatia **Fostering Resilience**

23rd Hospice New Zealand Palliative Care Conference
19-21 September 2018 / Auckland, New Zealand

From September 19-21, hospice staff and healthcare professionals with an interest in palliative care will gather in Auckland for the **23rd Hospice NZ Palliative Care Conference**.

The Conference is held every two years and is the only dedicated palliative care conference of its kind in New Zealand - a 'must attend' for those caring for people at the end of their lives.

The programme is headlined by five keynote speakers, both internationally and New Zealand based. The core conference programme is then made up of over 45 sessions from mainly New Zealand based presenters. No matter your area of interest, there will be something for you. We are incredibly grateful to all the speakers who have given their time freely to present to delegates.

A conference dinner takes place on the second night of the conference, tickets are included in the registration fee. The dinner is an opportunity to spend time with fellow delegates, eat, drink, be merry and dance the night away. This year, the dress-up theme of the dinner is '**Living Every Moment**', the hospice tagline. We are encouraging people to dress up how they personally live every moment – avid rugby supporters may like to wear their favourite team's shirt or club uniform, bee-keepers might wear their beekeeping outfit, or for a spear fisherman – a snorkel and wetsuit!

To view the full hospice programme and to register, visit our website - www.hospice.org.nz

Register now!



SPEAKER SPOTLIGHT

To download the FREE Conference app:

- Download Guidebook from your app store 
- Click on 'Find a Guide'
- Type in '23rd Hospice' and you will see the guide come up
- Click on it to add the guide

Once you've had a look around, set your schedule, check in and keep up to date.



Our grateful thanks to  for sponsoring the development of this app.

Prof Max Watson

What does the concept of resilience mean to you when thinking about end-of-life care?

The increased emphasis on 'resilience' has been an important counterbalance to the previous lack of recognition of the impact for patients, staff and families of 'living with dying'. While a useful concept, it can become yet another 'thing' we can beat ourselves up about if we are unable to generate enough individualised resilience for our current situations. Like with diet and exercise, most of us know the things that we should do to encourage our own resilience, but the nature of our busy lives, and our day-to-day demands – particularly at the times when we need to be most resilient – lead to us feeling that we lack resilience. Resilience is not a finite nirvana state. Indeed, it is often when we are most under pressure that we discover that our resilience is growing the fastest.

Our patients teach us that we all have the capacity within to deal with the most horrendous things, and that we can all also be broken by what others could regard as trivial.

Having confidence that our patients have the capacity to deal with difficult things without our clinical or psychological interventions can be transformative in helping patients realise strength from within, which has often been honed by previous life experiences.

In addition, realising that resilience is not just a personal quality but a characteristic of families, communities and organisations is particularly important for those providing end-of-life care. As organisations, by collectively facing the reality that life is often hard, enhancing activities can encourage resilient behaviours which can be better sustained than the resilience of any individual facing persisting suffering.

In your experience and area of focus, what factors influence a good end-of-life journey for patients and families?

I think people often die the way they have lived. Living a life where there has been love and communication and a sense of value and meaning provides much of what is needed to deal with the process of dying. The skills for living well have much in common with the skills of dying well.

Thinking about your presentation: can you give us a high level summary of what you will be sharing with delegates – what can they expect to hear from your session?

Hospice UK has recently created its 5 year strategy. I would like to share that strategy and the reasons behind it and how we are setting about trying to achieve it.



In terms of education, I would hope to share something of the work of Project ECHO in using video conferencing to help build communities of practice, leverage specialist knowledge, and mentor and support those working in isolated situations.

You may have noticed that our vision is ‘Living Every moment’ – what does this mean to you?

This means listening to me. If I am to live every moment I need to be open to what that moment might have for me, which means developing an open and listening attitude to life and to other people so that I can be available for all that life can teach, not just to what I think it should teach.

You’ve been to New Zealand before – what did you enjoy about your previous visit?

I really appreciated the egalitarian nature of the society, the strong sense of community illustrated by neighbours coming over to cut up our logs for the day, and the beauty of your country.

When you are travelling the world, what are three things we would always find in your suitcase?

Wire. I am a gadget person and never have enough wire to connect various gizmos.

A Mac laptop. It is a constant companion since my sons converted me 15 years ago.

A pair of trainers as I like to think I would run my 3km a day when travelling. Usually all the exercise I get from bringing them is from carrying them around the world.

Resilience is not a finite nirvana state. Indeed, it is often when we are most under pressure that we discover that our resilience is growing the fastest.



Thank you to our sponsors

The Hospice NZ Palliative Care Conference 2018 would not be possible without the support of our sponsors – we are incredibly grateful for their investment and commitment to hospice and palliative care.



Living Every Moment Supporters:





SPEAKER SPOTLIGHT

Concurrent Sessions: A snapshot

COMMUNITY PRACTICE

Rural resilience – Working together for a strong community.
Annette Olsen

WORKFORCE

How professional supervision of staff contributes to quality improvement in the palliative care setting. Joy Bickley Asher

CARE OF OLDER PEOPLE

“Don’t mention Hospice to us” – Are we building resilience or resistance? Toni Hancock

QUALITY & INNOVATION

Medicine management in 2018.
Greg Garratt, Chris Meade

Opening the gate: Using consumer experience to inform quality improvement and service design.
Yvonne Gibb, Sarah Nichol

ETHICS

Hospice nurses’ viewpoints on euthanasia: A New Zealand survey.
Martin Woods

SPIRITUALITY

Kaupapa Maori palliation: A journey through the veil.
Mary-Anne Barker

Spiritual care matters: Preparing our undergraduate nursing students. Linda Christian

Sue Hanson

What does a resilient healthcare system look like?

Resilient healthcare systems are structured, and operate in ways that allow them to anticipate future demands, and create and sustain strategies to respond effectively to these demands. They are complex, inter-connected, and have and make use of data across multiple connected health care system components. Resilient health care systems can easily adapt to changes in demand because they enable and support innovation, encourage and empower frontline clinical staff to problem-solve, and use data and information effectively to monitor and manage clinical workflow. Resilience in a healthcare systems incorporates a set of processes that enables the system to achieve good outcomes in spite of serious threats.

What are the benefits of having a resilient healthcare system?

Rapidly increasing numbers of people who are approaching and reaching the end-of-life is one of the major challenges facing health, aged and social care systems around the world. The dual effects of increased longevity and multiple co-morbidity are placing stress on health, aged and social care systems. Resilient health care systems have the capacity to adapt and respond to these changes. Ultimately patients, their families, carers and the wider community benefit from health care systems that are resilient and that develop the capacity to constantly form and reform around changes in community needs and expectations. Resilient health care systems can better deal with changes in demand, both episodic and sustained, and can also reorganise in the face of resource constraints. Resilience in health care systems requires and supports resilience in health care workers. Resilient healthcare workers are less likely to experience work-related stress and burnout.

What are the important things to consider when developing a resilient healthcare system?

Efforts to manage current system level stressors – for example high patient demand and fewer resources – may do more damage than good if they are not informed by high quality, robust data. Using both clinical and administrative data to anticipate future demands on health care systems ensure that required changes are proactive rather than reactive. Ensuring that data and information are available across the inter-connected system to monitor and respond to changes is necessary to track system strain and effectiveness or adaptations. It is also important to establish relationships that support co-design, collaboration and joint decision-making. These relationship changes between members of the system are necessary to ensure cohesive and connected agility.



Who are the key stakeholders need to support a resilient healthcare system?

Resilient healthcare systems have to be formed around the concept of person-centred care. It is central to the notions of flexibility and adaptability, which are at the centre of resilient health care systems, that the individual care recipient is the key stakeholder. Where a system needs to adapt to changing types and degrees of stressors, it is essential that there is representation from all sectors of the system. In palliative care this includes, but is not limited to; patients, families, caregivers, specialist palliative care services, hospices, general practitioners, social care providers, members of the community, acute care providers and clinicians and residential and community aged care providers. Each of these stakeholders will have a role to play. Flexibility is maximised when role boundaries, territorial issues and individual differences and interests are minimised, so that all can 'bend in the same direction' in the face of a common demand.

How can we embrace technology to help develop and support a resilient healthcare community?

A resilient health care community is inter-connected, flexible and driven by data and information. Technology can enhance system capabilities in these areas by connecting care providers in more responsive ways that cross institutional boundaries and create 'virtual' teams based on individual patient needs. Improvements in technology can take care to patients through the use of video-conferencing and other remote technologies, for example remote monitoring. Information technology can also improve access to clinical information at patient and system level, and provide analytical capabilities to support predictive modelling and system monitoring.

Resilient healthcare workers are less likely to experience work-related stress and burnout.



Hospice New Zealand

Mary Schumacher
CEO

Rachel Wilson
Communications Manager

Chris Murphy
Project Leader

Hadley Brown
Policy and Advocacy Manager

Moira Marcroft
Corporate Partnerships

Ria Earp
Advisory – Māori Services

The Hospice New Zealand Board 2018

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Medical Director, Hospice Waikato

Wayne Naylor
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SPEAKER SPOTLIGHT

Concurrent Sessions: A snapshot

CARERS

Korowai programme: Supporting informal caregivers through education. Penny Kemp

Tiakina te Kaitiaki (Caring for the Carers). Warrick Jones

SYMPTOM MANAGEMENT

Insomnia in patients with advanced cancer: The potential of aromatherapy. Carol Rose

INNOVATION

Getting to know you: Creating a lasting collaboration through the utilising principles of relationship centred care in organisational alliancing. Tina McCafferty, Deirdre Mulligan

Introducing the Poi Programme (Workshop). James Jap, Georgina Miller, Deirdre Mulligan, Toni Hancock, Trish Fleming

INFORMAL EXCHANGE

A Pasifika heart for Pasifika peoples: o le loto Pasifika mo tagata Pasifika. Tiualu Maria-Goretti Sialava'a

GRIEF

Unique Grief. Anneke Barkwith

PECHAKUCHA

Medication management during transition to care of hospice. Selena Chiu, Celia Palmer

Prof John Swinton

John Swinton is Professor in Practical Theology and Pastoral Care and Chair in Divinity and Religious Studies at the University of Aberdeen, Scotland, United Kingdom. For 16 years he worked as a registered mental health nurse. He also worked for a number of years as a hospital and community mental health Chaplain alongside people with severe mental health challenges who were moving from the hospital into the community.

John serves as an honorary professor and researcher at Aberdeen's *Centre for Advanced Studies in Nursing*. In 2004, he founded the University of Aberdeen's Centre for Spirituality, Health and Disability. The Centre aims to enable academics, researchers, practitioners and educators to work together to develop innovative and creative research projects and teaching initiatives within the areas of spirituality, health and healing, the significance of the spiritual dimension for contemporary healthcare practices and the theology of disability.

He has published widely within the area of mental health, dementia, disability theology, spirituality and healthcare, qualitative research and pastoral care. John is the author of a number of monographs including *Becoming Friends of Time: Disability, Timefulness, and Gentle Discipleship* (Baylor Academic Press 2016) *Dementia: Living in the memories of God* (Eerdmans 2014), *Raging with Compassion: Theological responses to the Problem of Evil* (Eerdmans 2006), *Spirituality in Mental Health Care: Rediscovering a "Forgotten" Dimension* (Jessica Kingsley Publishers 2001). In 2016 his book *Dementia: Living in the memories of God* won the Archbishop of Canterbury's Ramsey Prize for excellence in theological writing.

John is married with five children and lives in the city of Aberdeen.





Liese Groot-Alberts

What does the concept of resilience mean to you when thinking about end-of-life care?

For me, resilience is an adaptive capacity and strength developed in the face of stress, trauma and loss. Resilience means finding the skills to recover and bounce back from adversity and hardships, drawing on life experiences, and feeling stronger and more capable to cope than before.

Life and loss go together. I am in awe of the multiple and often unexpected ways in which people respond to adversity – creating ways forward, being able to adjust and thrive. It binds us together.

In your experience and area of focus, what factors influence a good end-of-life journey for patients and families?

It is essential to be aware of our own concept of ‘a good end-of-life journey’ in order to have the ability to set aside those concepts, to be present to the other and to truly listen. This means listening to understand, instead of listening to reply.

It requires an openness in us to remember that a good end-of-life journey is the one deemed ‘good’ by patients and their communities, supporting them to make decisions that are congruent with their way of life, customs, strengths and inner authority.

Thinking about your presentation: can you give us a high-level summary of what you will be sharing with delegates – what can they expect to hear from your session?

“From difference to diversity”: we are all in this together”

Whakataukī: “He waka eke noa”

A canoe we are all in, with no exception.

I aim to explore the importance of true connection with patients and families/communities. How this enables us to stand beside the other and honour the different ways of life and living, mourning and grieving, thus creating a space for hope, healing and restoring sound-ness. To be able to work collaboratively alongside our patients/families

and their communities we need to pay attention to our own resilience, our own customs and belief systems, to stay awake to what is required of us, to approach working with difference in a positive light and to welcome diversity.

You may have noticed that our vision is ‘Living Every moment’ – what does this mean to you?

It’s my big life focus and challenge to stay awake, present and aware in every moment.

To be truly present to myself and to the others, instead of being disconnected by living in the past or in the future.

Thinking about the contents of your fridge – what are three things we will always find on the shelves?

Cheese, sambal and a beer.

We need to pay attention to our own resilience, our own customs and belief systems, to stay awake to what is required of us, to approach working with difference in a positive light and to welcome diversity.





SPEAKER SPOTLIGHT

Dr Lucy Hone

What does the concept of resilience mean to you when thinking death and dying?

Resilience relies substantially on our ability to focus our attention on the things we can change and accept the things that we cannot. Nowhere in the resilience literature does it suggest that we 'harden up' or avoid negative emotions; a resilient person experiences all emotions, they just don't get stuck in one emotion over and over again. I've experienced a fair bit of death and other types of loss in my life, and each time it is my capacity for resilience that enables me to think and say to myself, "Okay, this is what's happened now, wow, we weren't expecting that. But that's how it is, so let's find a way to navigate this, do the best we can to keep on going and work out how we can adapt to that new 'new normal'."

We can't avoid experiencing death in our lives – be it unexpected or anticipated through illness. From your area of expertise, are there common factors which influence how people approach grief?

Everybody approaches grief differently. However, for too long bereavement research focused on those people experiencing what psychologists refer to as 'complicated grief', with participants very often enrolled in a study because they were experiencing complicated grief. This gave us a false picture of bereavement, making it look like most people were experiencing protracted dysfunctioning, when in fact we now know that most people demonstrate resilience, adapting to their loss without the need for medical intervention, in a healthy way.

Thinking about your presentation, can you give us a high level summary of what you will be sharing with delegates – what can they expect to hear from your session?

My presentation fuses what I know from resilience research (my work as an academic researcher) with what I have learned through personal experience of traumatic loss. I plan to share with the audience the everyday processes that helped me adjust to life without Abi: the ways of thinking and acting that helped me cope, and the things that I found made that process harder. All of the

strategies and tools covered in my session are backed by evidence, but also sufficiently practical that I hope those present will be able to immediately draw them into their professional practice and personal lives too.

You may have noticed that our vision is 'Living Every moment' – what does this mean to you?

Making life count. Living in a way that makes sense of the opportunity I have been given to live on without those who have left us. This doesn't mean avoiding pain and misery, but walking into every life experience, understanding that this is all part of my journey. Accepting that and not fighting against it.

Thinking about the contents of your fridge – what are three things we will always find on the shelves?

Rosé wine, bacon and butter. Always.

Nowhere in the resilience literature does it suggest that we 'harden up' or avoid negative emotions.





QUALITY OUTCOMES



Thanks to Cancer Research Trust New Zealand, Hospice NZ is able to offer free monthly palliative care lectures in 2018. This education opportunity is designed for healthcare professionals with an interest in palliative care.

The lectures are delivered via teleconference on the first Thursday of the month, from 7.30-8.30am at registered sites. For information on attending these lectures and catching recordings of some of the lectures you may have missed, visit www.hospice.org.nz.

Upcoming Lectures

SEPTEMBER 6

When, where and why (or not)? Rehabilitation in palliative care.

Dr Deidre Morgan, Occupational Therapist, Researcher and Lecturer, Palliative and Supportive Services, Flinders University, Australia

OCTOBER 4

Grief and bereavement for children and adolescents.

Nigel Rowling, Counsellor, Rainbow Place, Hospice Waikato

NOVEMBER 1

Sexuality, intimacy and palliative care.

Brigette Karle, Clinical Nurse Educator, HammondCare, Neringah Hospital, Wairoa

Careerforce offers new Palliative Care Assessment Package

Careerforce, with support from Hospice New Zealand, is now offering a learning support and assessment package for people supporting a person with palliative and end of life care.

Comprised of two unit standards, the package is for people who have attended the Hospice NZ Fundamentals of Palliative Care programme (delivered by hospices throughout the country), and who wish to gain formal recognition of their learning. It contributes towards the New Zealand Certificate in Health and Wellbeing (Level 3), and the New Zealand Certificate in Health and Wellbeing (Level 4) Advanced Support.

Hospice NZ's Project Leader, Chris Murphy, is delighted to see the package released – the result of many years of collaboration and sharing of expertise between the two organisations.

“Education and training enables workers with specific knowledge and skills to provide safe and effective care to the people they are working with,” says Chris. “It also ensures they are confident and competent in their support and caring role.”

“We see the release of this package as a real achievement – it recognises the inherent value of the Hospice NZ Fundamentals of Palliative Care Programme, and it is an opportunity for support workers to gain recognition and a qualification. Even more importantly, it goes a long way to improving palliative and end of life care for people and their family and *whānau* in aged residential care and in the community.”

To find out more information about Careerforce's Palliative Care Assessment Package, visit www.careerforce.org.nz/palliative.



Qualifications for Life. Skills for Good.





FUNDRAISING FOR SUSTAINABILITY



For over twelve years, House of Travel stores across the country have supported their local hospices in ways as diverse as their communities. 2018 has been no exception – from fundraising lunches onboard luxury cruise liners in Hawkes Bay, to ‘Armchair Travel’ sessions for patients, carers and volunteers in Orewa, to movie nights in Ashburton!

This year, more than 18 House of Travel employees from throughout New Zealand have also volunteered to be regional ‘Hospice Champions’ – pledging to encourage their colleagues, friends and family to get behind their local hospices to raise funds and awareness too. House of Travel ‘Hospice Champions’ meet via teleconference regularly during the year to share ideas and inspiration as to how they can best help support their local service – what an incredible bunch of people.

Pictured is Palmerston North’s ‘House of Travel Stephen Parsons’ – fantastic supporters of Arohanui Hospice.



9 million cups of tea!

In 1988, Merrill J. Fernando established the Dilmah tea company with the values of family and humanity, and a unique philosophy of making business ‘a matter of human service’. The range of charities and philanthropic activities Dilmah supports each year is simply astonishing, and Hospice NZ is incredibly proud of our long association with this very special company.

For over 20 years, Dilmah has donated all the tea each hospice in New Zealand could possibly need each year – more than 9 million cups of tea in total! This incredibly generous donation means hospices are able to provide the world’s finest tea to those in the care of hospice and their families, friends and visitors, and also to staff and volunteers.

The process of making a cup of tea and the comforting conversations that can occur over a hot cup of tea can be relaxing and therapeutic, no matter the time of day or night. This is at the very heart of Dilmah, and its founder Merrill J. Fernando.

Dilmah celebrates its 30th anniversary in 2018 and Hospice NZ was delighted to see Merrill J. Fernando honoured at the recent WorldChefs Congress. Merrill was presented with a prestigious Lifetime Achievement Award for his extraordinary passion and commitment to tea, and for his unique philosophy of helping people through his business.

This October, Dilmah is donating 50 cents from selected packs of their English Breakfast and Earl Grey tea range to Hospice NZ to help raise awareness of the work of hospices throughout the country. Please support this generous family-owned company and support hospice by purchasing any of the specially marked tea packs – on shelves in October in all good supermarkets.

Thank you Dilmah for your incredible support of the work of Hospice.



The Dilmah family has been supporting Hospice NZ for 20 years and this year, with the help of our Dilmah customers, we are looking to raise \$20,000 to help Hospice NZ raise awareness of the support Hospices provide, free of charge, to people who are dying, and their families.