When every call counts: Insights from outer regional palliative patients accessing Palliative Care Connect

Government of South Australia
SA Health

I would like to acknowledge the traditional owners of the land on which we meet today and pay my respects to their Elders past and present and extend that respect to other Aboriginal and Torres Strait Islander people who are present today.

Limited access to palliative care in regional areas

- Limited resources
- Distance from services
- Workforce issues
- Fragmented support systems
- Socioeconomic features

(Fewtrell et al. 2025, Cerni et al. 2023, Tobin et al. 2022, Luke et al. 2022, Parajuli et al. 2020)

South Australia

Population	Regional and remote residents	Registered deaths (2024)
1,908,200	24% of population	15,739

- 75% of all deaths would require palliative care
- 55% of amenable deaths receive palliative services
- The rise in deaths associated with palliative care is greater in regional areas compared to major cities.

(Australian Bureau of Statistics, 2026, Luc et al. 2026)

Palliative Care Connect

Palliative Care

Statewide Navigation Service

Aboriginal Navigation Service

Grief & Bereavement

Bereavement Navigation Service

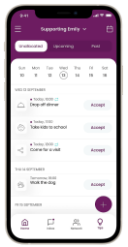
Bereavement Counselling

Volunteer-sector

Palliative Care Volunteering SA

Practical and social support

HEALTHY END OF LIFE PROGRAM



Information and resources

Website: palliativecareconnect.com.au

Objective of the study

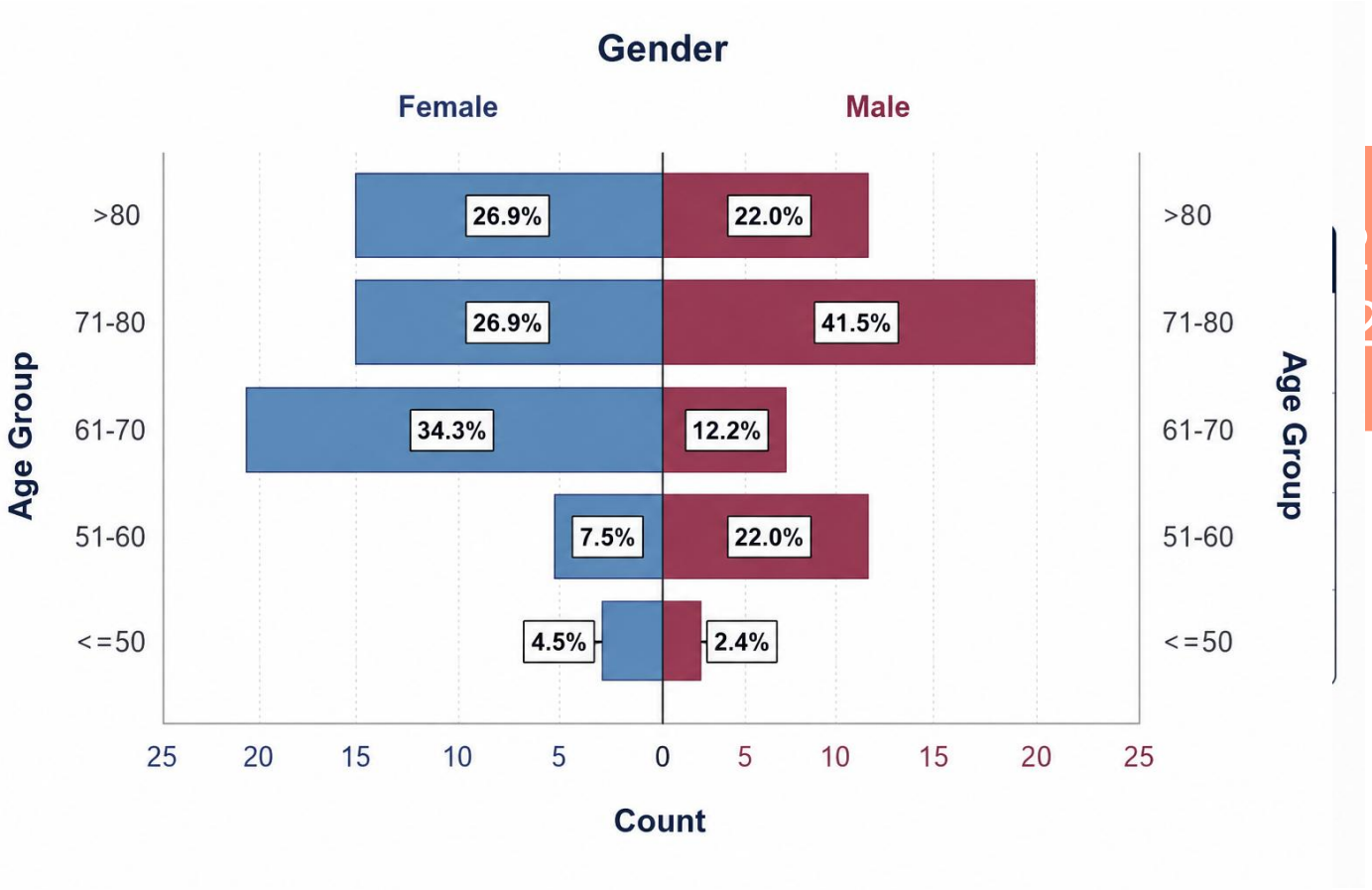
To examine the role of PCC in enhancing access to palliative care services in regional South Australia

- Demographic and diagnostic profile of the cohort
- Reasons for contacting the service
- Main supports provided
- Main navigation outcomes achieved

Methods

- 124 episode of care
- Data: Demographics, Diagnosis, and Service-level data
- Data gathering: Navigators
- Analysis: IBM SPSS Statistics, Version 30
- Ethics: Approval from Bellberry Research and Ethics Group

Demographics (I/II)



.95 ± 13.47 years
2 ± 11.88 years

Who called the service

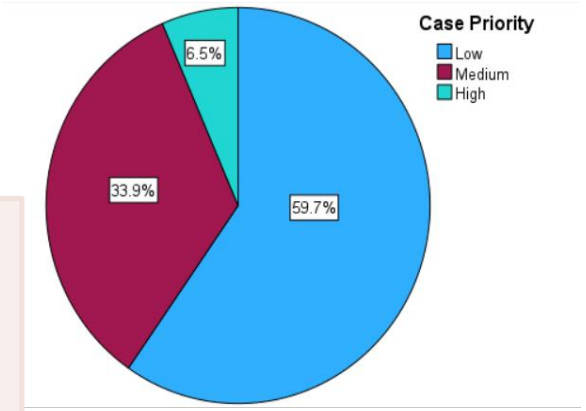
Who called the service	n	Percent
Patient	36	42.9
Family member	36	42.9
Clinician	6	7.1
Other	6	7.1
Total	84	100

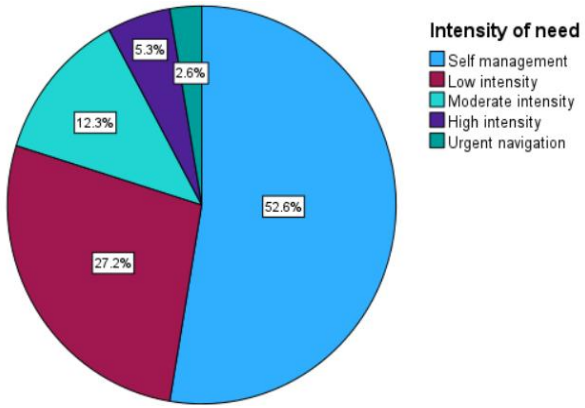
- Multiple referral pathways
- Patient and family-initiated contacts
- Clinician-initiated contacts

Diagnosis and Case Priority

Diagnosis:

- Malignant: 62.2% (*n* = 77)
- Non-malignant: 34.7% (*n* = 43)
- Unknown/ Missing: 3.2% (*n* = 4)





Case priority & Intensity of need were not different across diagnoses

Why users contacted Palliative Care Connect

Main reason for contacting PCC	Number	Percent
Navigating healthcare system	52	41.9
Carer support	32	25.8
Coordination with community services	25	20.2
Access to palliative care	25	20.2
Home-based care coordination	22	17.7
Psychosocial support	16	12.9

Reasons for contact per case:
Range: 1-7
Mean: 2.23 ± 1.30

Supports in place per case:
Range: 1- 4
Mean: 1.76 ± 0.78

How Palliative Care Connect helped

Main challenges identified	Supports provided
Navigating health and social systems	➢ Navigation supports: • General navigation (41.9%) • Health services navigation (15.3) • Bereavement navigation (13.6%) • Aboriginal PC navigation (1%) • Voluntary Assisted Dying (VAD) navigation (2.4%) ➢ Referrals to up to 6 other organisations (per case)
Access to palliative care	➢ Specialist palliative care (16.9%)
Carer and home-based care needs	➢ Carer support and respite (16.1%) ➢ Carer education and training (10%)
Psychosocial needs of patients	➢ Psychosocial support (8.1%)

Main achievements of Palliative Care Connect

Main Achievement	Number	Percent
Empowerment and informed decision-making	81	65.3
Access to support services	44	35.5
Advanced care planning	24	19.4
Improved care coordination	21	16.9
Timely access to services	20	16.1
Enhanced symptom management	11	8.9
Facilitation of home-based care	9	7.3

Documented achievements per case:
Range: 1- 5
Mean: 1.97 ± 1.11

Conclusion (I/II)

Palliative Care Connect:

- Supporting patients and carers with complex needs
- Improving access to palliative care in regional communities
- Providing a coordination point and reducing service fragmentation
- Supporting people with both malignant and non-malignant conditions

Conclusion (II/II)

- Supporting users with medium- to high-priority needs or high and urgent navigation requirements
- Facilitating carer support and home-based care coordination
- Responding to a substantial proportion of users living alone

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Palliative Care Connect

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palliativecareconnect.com.au

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