Queensland Palliative Care Capacity-building Co-design Workshop Justice Health and Correctional Services: Report

Brisbane, Queensland

February 2024

Suggested Reference: Hooper, M., Phillips, J.L., Virdun, C., Schaefer, I., (2024) *Queensland Palliative Care Capacity-Building Co-design Workshop Justice Health and Correctional Services, Report,* Brisbane, Qld.

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Workshop Facilitators

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Recommendations

All the 13 National Palliative Care Capacity-building recommendations emerging from the first Co-design Workshop held in Sydney on 19 September 2023 were endorsed with minor amendments (*in italics below*) at the second Co-design Workshop held in Brisbane on February 16, 2024, as summarised below.

Multi-mode interactive education that champions palliative care excellence

1. To implement targeted palliative care education focused on 1.1) introductory ageing, recognising deterioration content for correctional personnel; 1.2) complex ageing and advanced symptom management for justice health professionals*; and 1.3) with joint education sessions recommended for key personnel.*
2. To explore the acceptability and feasibility of using online spaced learning to deliver palliative care content for correctional personnel and more targeted, just-in-time symptom management for justice health professionals, *ideally utilising point-of-care, case-based, just-in-time scenarios.*
3. To support prisons to enable: 3.1) interested correctional personnel and justice health professionals to become local *chronic–aged* Palliative Care Clinical Champions *and change agents*; and 3.2) relevant personnel to input into the multi-disciplinary team meeting about managing a ' 'person's palliative care needs; and *3.3) To advocate for position descriptions that emphasise person-centred care and providing palliative care education as part of the prison's workforce onboarding.*
4. To explore opportunities for interested corrections and justice health professionals to participate in the Program of Experience in Palliative Approach/Indigenous Program of Experience in Palliative Approach (PEPA/IPEPA) (e.g., observational placement at host site or reverse placement of palliative care specialist into the correctional site), including a program that builds correctional service personnel palliative care knowledge.

Strengthening links with local specialist palliative care teams

5. To map Australian prisons to local palliative care services and explore opportunities to build their understanding of people in 'prisons' palliative care needs and how they can better support their justice health colleagues to provide palliative care.
6. To strengthen collaborations with community palliative care teams to accelerate referral and engagement as required.
7. To establish or adopt existing palliative care referral and intervention triggers and pathways to ensure that people in prison with palliative care needs have timely access to appropriate care.
8. To support interested jurisdictions to co-design a ''dying on 'country' pathway to enable Aboriginal and Torres Strait Islander people in prison facing an expected death to return home.

Foster national correctional services and justice health collaborations

9. To test the feasibility and acceptability of the National Interdisciplinary Justice Health and Correctional Services Extension for the Community Healthcare Outcomes (ECHO) program in 2024 to enhance service delivery, address the complex just in time health

needs of aging people in prison, and assist with building stronger interagency collaboration.
10. Establish national palliative care and ageing communities of practice inclusive of interested corrections personnel and justice health professionals in 2024.

Evaluating effectiveness

11. To seek input from all stakeholders (e.g., people in prison and their families, correctional personnel and justice health professionals) via questionnaires and other feedback means.
12. To consider establishing a combined correction and justice health mortality review to support strengthening corrections and clinical governance processes to prevent unexpected deaths in custody and better manage the palliative care needs of people in prison.
13. To consider the potential of facilitating the Stanford Palliative Care Medicine QI Initiative in 2024 to strengthen the provision of palliative care in Australian prisons.

Queensland's top three capacity-building priorities

The top capacity-building priorities agreed upon by the Queensland co-design workshop participants are recommendations one, three, four, and seven, as detailed below:

- Recommendation 1:
    - To implement targeted palliative care education focused on 1) introductory ageing, recognising deterioration content for correctional personnel; 2) complex ageing and advanced symptom management for justice health professionals; and 3) *joint education sessions recommended for key personnel.*
- Recommendation 3:
    - To support prisons to enable: 3.1) interested correctional personnel and justice health professionals to become local *chronic - aged* Palliative Care Clinical Champions *and change agents*; and 3.2) relevant personnel input into the multi-disciplinary team meeting about managing a ' 'person's palliative care needs; and
    - *3.3) To advocate for position descriptions that emphasise person-centred care and providing palliative care education as part of the prison's workforce onboarding.*
- Recommendation 4:
    - Opportunities for interested corrections and justice health professionals to participate in the Program of Experience in Palliative Approach/Indigenous Program of Experience in Palliative Approach (PEPA/IPEPA) (e.g., observational placement at host site or reverse placement of palliative care specialist into the correctional site), including a program that builds correctional service personnel palliative care knowledge.
- Recommendation 7:
    - To establish or adopt existing palliative care referral and intervention triggers and pathways to ensure that people in prison with palliative care needs have timely access to appropriate care.

Background

Globally, the number of older people in prison continues to rise (Ginnivan, Butler, & Withall, 2018). It is acknowledged that people in prison experience accelerated aging, marking them "older" from the age of 45 onward (Brooke, Diaz-Gil, & Jackson, 2020). Consequently, global correctional and justice health services are being tasked with supporting and caring for an ageing, chronically unwell population, many of whom will increasingly have unmet palliative care needs, within a secure environment designed for fit and often aggressive younger people (Dillon, Vinter, Winder, & Finch, 2019).

The prison workforce comprises two disciplines: correctional services and justice health professionals. While correctional services focus on the security and safety of people in prison and the broader community (Appelbaum, Hickey, & Packer, 2001), justice health services have traditionally focused on screening, preventative healthcare, and managing chronic diseases. Each discipline needs to tailor their services to the diverse accommodations needs and programs offered in each prison (Potter, Cashin, Chenoweth, & Yun-Hee, 2007).

The changing epidemiological profile of people serving a custodial sentence means that prisons will be increasingly required to care for older individuals, many of whom suffer from age-related chronic and complex illnesses and who will ultimately require palliative care.

Palliative care aims to enhance the quality of life for individuals and their families facing life-threatening illnesses by identifying and addressing pain and other physical, psychosocial, and spiritual challenges (World Health Organization, 2020).

A combination of the changing prison population epidemiological profile and the complexities of providing palliative care within this environment have contributed to the growing global recognition of the need to build palliative care capacity across the prison system (Schaefer et al., 2021).

National Palliative Care in Prisons Project

This five-year co-design project (July 2020 to June 2025) aims to understand current palliative care provision in Australian prisons to identify the barriers to and facilitators of evidence-based palliative and end-of-life care and to co-design a National Framework for the Provision of Palliative Care in Australian Prisons (National Framework) with Project Partners and key stakeholders using a collaborative and solution-oriented approach.

This Project aligns with the objectives outlined in the 2018 National Palliative Care Strategy (Australian Government, 2019).

The key objectives of the National Palliative Care project are:

- Understanding the palliative care needs of people in prison (in progress).
- Evaluating the capability of each organisation to deliver palliative care.
- Identifying the strategies required to build the palliative care capacity of the prison workforce; and
- Co-designing a National Framework for the Provision of Palliative Care in Australian Prisons (National Framework) with key stakeholders using a collaborative and solution-oriented approach.

Queensland Capacity Building Workshop

In September 2023, a national palliative care in prisons capacity-building workshop was held in Sydney with 23 correctional and justice health representatives from across Australia. Only

one Queensland representative could attend the Sydney workshop, so a second co-design workshop was held in Brisbane in February 2024. The second workshop sought input on the suitability of the recommended capacity-building strategies for Queensland to achieve consensus and identify local priorities.

Key questions

The Queensland co-design workshop aimed to address the following key questions:

1) What barriers exist to implementing palliative care capacity-building strategies in Queensland prisons?
2) What are the facilitators to support implementing palliative care capability-building strategies in Queensland prisons?
3) What are the best strategies to build Queensland correctional services service personnel's palliative care capabilities?
4) What are the best strategies to build Queensland justice health professionals' palliative care capabilities?
5) Do the national palliative care capacity-building recommendations reflect the needs identified by Queensland correctional and justice health professionals?

Aim

To co-design a palliative care capacity-building strategy in partnership with Queensland correctional and justice health professionals to enable them to provide the best evidence-based, culturally safe, high-quality palliative and end-of-life care for people in local prisons.

Methods

Design and participants

Design: A co-design workshop was held on February 16, 2024, in Brisbane, Queensland.

Participants: Nominated senior justice health and correctional services personnel from 11 prisons across Queensland providing care to older people in prison and those with palliative care needs were invited to participate in this co-design workshop. Following the Queensland workshop, the Palliative Care in Prisons National Project Advisory Group was invited to review the practicalities of the three top recommendations and help determine the next steps.

Co-design Workshop

Co-design was selected as it provides a deep understanding of participants' experiences, providing an opportunity to determine priorities, barriers and facilitators to receiving and delivering services (Agency For Clinical Innovation, 2019). The co-design workshop involved four main activities, as described below:

1. Pre-reading
    - Potential capacity-building strategies for consideration (Appendix 1- Pre-Reading Package)
2. Setting the context
    - Exploring participants' understanding of foundational key palliative care concepts via online polling.
    - Providing an overview of current understanding of the palliative care needs of people in Australian Prisons.
3. Understanding the needs, barriers, and facilitators to provide palliative care in Queensland prisons.

4. Agreeing on the direction.

Co-design workshop activities

Throughout the one-day workshop, the following co-design activities were employed (Appendix 2 – Co-Design Program):

World Café

The World Café allowed for a structured conversation to focus on disciplined inquiry, cross-pollination of ideas, and 'possibility' thinking (Löhr, Weinhardt, & Sieber, 2020). Progressive rounds of small group conversation with predetermined questions were used to gather the collective intelligence and experience of correctional and justice health professionals (Schiele, Krummaker, Hoffmann, & Kowalski, 2022). The World Café adhered to the following principles:

- Setting the context
- Creating a hospitable space
- Exploring questions that matter
- Encouraging contributions from everyone
- Facilitating and encouraging cross-pollinating and connecting perspectives
- Listening for patterns, questions, and insight
- Harvesting and sharing collective discovery (Löhr et al., 2020).

Participants were prospectively grouped into mixed-discipline tables of 4-5 people.

Three experienced moderators guided the conversations per the question/topic guide (Appendix 3 - Question Set) for 20 minutes before the participants moved to a new table to explore the next capacity-building question. At the end of three successive rounds, all participants had contributed to answering the three individual question sets. The conversations at each table explored and built upon the previous group's thoughts and or ideas, which were noted.

At the end of the three conversation rounds, the large group reconvened to identify common patterns, collate knowledge and explore the proposed actions (Löhr et al., 2020).

Nominal Group Technique

Following the generation of ideas at the World Café a modified Nominal Group Technique (Hugé, Mukherjee, & Sutherland, 2018) assisted with refining and validating the National workshop recommendations by:

1) Refining and validating the recommendations of the first workshop and generating ideas
2) Sharing and recording of new ideas or refinement of the recommendations,
3) Seeking preliminary consensus
4) Voting and ranking and
5) Analysing the data.

To prevent psychological bias production blocking and groupthink (Mukherjee et al., 2018) participants were asked to silently score the amended capacity-building workshop recommendations according to their relevance and feasibility (MindTools, 2024) using the 'RSTUVW Framework of Sustainable Capacity-building in Resource-constrained Setting'. (Maponga, Mhazo, & Morse, 2023) (Refer to Appendix 4 RSTUVW Framework). This

Mnemonic is a framework for designing, implementing and sustaining capacity-building for translational health research collaborations. The supportive framework consists of "*r*oom (space), *s*kills, *t*ools (equipment)" inclusive of a core set of values, *u*nderstanding, *v*oice (clout) and *w*ill (Maponga et al., 2023). Applying this Framework was employed to assist participants in determining each recommendation's relevance and implementation feasibility in their local rural or metropolitan prison.

At the end of the silent work, participants outlined their rationale for their preferred recommendations to the group. Following the sharing of their ideas, a dotmocracy process (i.e., 'sticky' dot voting) enabled each participant to apply their three votes to the recommendations considered most relevant to their local context (e.g., rural or metropolitan prisons). Once the voting was completed and ranked, any ranking differences and anomalies were discussed, focusing on the gaps and criteria against the most feasible recommendations.

In the last stage of the Nominal Group Technique, participants received $300,000 (3 x $100,000 notes) in replica currency. They were asked to distribute their allocated funds on their preferred recommendation(s) by placing their currency into the labelled recommendation envelopes until all of their funds were spent (Hugé et al., 2018). At the end of this process, the funds allocated to each recommendation were tallied, with the three top-funded recommendations used to determine which capacity-building activities the National Project would focus its efforts on.

Findings

Nineteen senior Queensland Correctional Services and Justice Health stakeholders from 11 prisons participated in the co-design workshop.

The following findings emerged from the five co-design activities.

Real-time online survey questions

The responses to the three online questions revealed that all (n=19) participants had a sound understanding of key palliative care principles and the appropriate timing for its introduction (Appendix 5 - Online Survey Results), as summarised below:

Palliative care principles

Participants suggested that palliative care encompasses holistic, compassionate care centred on promptly addressing individual comfort needs and includes family support. They correctly recognised that a palliative approach should be initiated when the person has unmet palliative care needs rather than be based on prognosis.

In addition to dedicated resources, infrastructure, and facilities, participants emphasised that the optimal prison system for accommodating individuals with palliative care needs should prioritise collaborative communication, real-time support, responsive tools, comprehensive training, and a skilled workforce, including Assistants in Nursing. They stressed the importance of a flexible, compassionate, and empathetic approach, rather than one focused solely on punishment, backed by supportive policy measures and a need to be able to navigate the prison and external healthcare system so that people with palliative care needs had access to timely and best evidenced-based palliative care.

World Café

Various factors support the implementation of capacity-building strategies for palliative care in Queensland prisons, necessitating consideration of several key factors, namely:

- The complex, risk-averse nature of prisons, which prioritises security and safety.
- The numerous competing unmet healthcare needs of people in prisons and the need to prioritise finite healthcare resources.
- The challenge of balancing operational and security requirements in prisons can impact the facilitation of person-centred care.
- The necessity for collaboration, engagement, external connections, support, and clearly defined responsibilities to deliver effective person-centred palliative care within prison environments.

A summation of the key themes and considerations emerging from the Queensland-based World café questions are summarised below:

Question 1 – Key themes and considerations

Question: What are the barriers to implementing palliative care capacity-building strategies in Queensland prisons?

Themes: World café feedback highlighted numerous barriers to implementing palliative care capability strategies in Queensland prisons, with four main themes emerging: Staffing and Resources Challenges; Attitudinal and Cultural Barriers; Systematic and Structural Challenges; Training and Education Needs (Refer to Table 1):

Table 1: Barriers to implementing palliative care in QLD prisons.

Key Themes	**Considerations**		
	Individual	**Organisational**	**Community**
Staffing and Resources Challenges	Lack of access to GP's/medical specialists when required.	Understaffing, high workforce turnover. Limited resources	Lack of access to Medicare and PBS medications
Attitudinal and Cultural Barriers	Negative attitudes and stigma surrounding death, palliative care and fear among prison staff and people in prison	Resistance to change.	Cultural perspectives that may hinder effective care provision
Systemic and Structural Challenges	Competing priorities Lockdowns and modified routines contribute to escalating behavioural issues and hinder care delivery.	Infrastructure limitations IT connectivity problems	Fragmented healthcare systems Legal barriers that impede the implementation of strategies.
Training and Education Needs	Training fatigue Importance of improving death literacy in staff and people in prison.	Lack of dedicated time for education	Difficulty organising training sessions.

Question 2 – Key themes and considerations

Question: What are the facilitators to support implementing palliative care capability-building strategies in Queensland prisons?

Themes: Implementing palliative care capability-building strategies in Queensland prisons is multifaceted and requires a comprehensive approach that builds on existing individual, organisational, and community-level systems. Key facilitators to support this are operational logistics, Staffing and organisational support, Leadership and emotional intelligence, and Community Involvement and collaboration, summarised in Table 2.

Table 2: Key Facilitators to support implementing palliative care capability-building strategies in QLD prisons.

Key Themes	**Considerations**		
	Individual	**Organisational**	**Community**
Operational logistics	Utilisation of current learning management systems	Technology connectivity barriers, highlighting the importance of technological infrastructure and supportive training initiatives. Opportunities within lockdowns, evening schedules, and movement within the prisons	Resource allocation and reallocation deemed possible to increase training duration and quality.
Staffing and organisational support	Matching staff to needs and providing appropriate orientation, motivation and support of staff.	Collaboration, and networking with experienced justice staff within a supportive work culture and a clear recognition of roles.	
Leadership and emotional intelligence	Finding champions to lead initiatives	Promoting emotional intelligence among staff Identifying passionate individuals and fostering willingness	
Community involvement and collaboration		Experience sharing, role modelling, and regular communication.	Community led initiatives e.g. Last Aid Courses Collaboration with external stakeholders

Question 3 – Key themes and considerations

Question: What are the best strategies to build service personnel the palliative care capabilities of Queensland correctional services personnel?

Themes: Four considerations were identified for correctional services palliative care capabilities within Queensland, predominantly, training, collaboration, staffing and patient-centred care, as summarised in Table 3.

Table 3: The recommended strategies to build the palliative care capabilities of Queensland correctional services personnel.

Key Themes	**Considerations**		
	Individual	**Organisational**	**Community**
Training and skill development	Tiered training approach to accommodate varying levels of interest and expertise. Training should consist of short, interactive sessions spread over weeks, including practical elements of sites and roles. It should also be inclusive, accessible, and flexible, with the potential for catch-up sessions or recordings. Framing training within their life experiences and fostering palliative care literacy among correctional officers.	Implementation of structured training programs tailored to correctional service personnel. Integrating palliative care training within recruitment and the onboarding process. Tools and simple, accessible resources to manage both safety and security with the care needs of people in prison.	
Collaboration and partnerships		Promoting collaborative training and projects with justice health and knowledge sharing among correctional staff increases ability for both sectors to	Collaborations with health and other stakeholders such as parole boards, community corrections, and external experts in initiatives

		exchange experience and build working relationships	Memorandum of understanding between justice health and correctional services to meet palliative care needs.
Staffing and recruitment		Addressing challenges of staff turnover and the diverse needs of the people in prison Dedicated correctional staff for the aged and palliative cohort with established definitions of practice. Identifying clinical champions to support initiatives by incentivising skill acquisition	
Patient-centred care	Recognising deterioration whilst maintaining cultural sensitivity and approaches tailored to the individual needs of the person	Recognition of the diverse, unique needs of palliative care people in prison in managing older versus younger cohort	

Question 4 – Key themes and considerations

Question: What are the best strategies to build Queensland justice health professionals' palliative care capabilities?

Themes: Building justice health professionals' palliative care capabilities in Queensland requires focus on accessible training, understanding the correctional environment, recruitment, and leadership, and optimising existing structures for effective implementation. Four themes emerged: Integrated partnership approach, Innovative capacity building and cultural shift, Champion leadership and capacity building, and real-time case discussions and training initiatives (Refer to Table 4).

Table 4: Recommended strategies to build justice health palliative care capabilities.

Key Themes	**Considerations**		
	Individual	**Organisational**	**Community**
Integrated partnership approach	Tailoring the prison system structure to integrate palliative care into current complex care structures by including palliative care instructions and support at a macro, meso, and micro level	Incorporating a register of complex care needs to assist the parole board and QCS prioritisation.	Leveraging existing government structures, such as prison health and wellbeing teams, to facilitate engagement between correctional staff and health professionals.
Innovative capacity building and cultural shift	Fostering a culture open to change and innovation emphasises the importance of shifting from a 'prisoner' to a 'patient' mindset.	Acknowledging First Nations population levels vary; each facility is a highly variable environment of cohort, services, and access.	Implementing innovations to address access issues, medication availability, scheduling challenges, and waiting lists within the correctional setting.
Champion leadership and capacity building	Establishing champions upskilled in aged and palliative care within correctional facilities and justice health to lead capacity-building efforts and drive cultural change	Provided by tailored leadership training and support for champions to ensure sustainability and continuity, considering local facility needs and potential turnover	Recognising the need for adequate resourcing and staffing per site with the right skills and capabilities beyond traditional NUM roles, such as a nominated CNC at each centre.
Real-time case discussions and training initiatives	Utilising platforms like Echo for learning opportunities in real-time cases enhances knowledge sharing and collaboration. Utilising existing relevant and timely learning platforms such as Qstream and train the trainer for foundational knowledge and skills	Build foundational knowledge and skills across justice health professionals, addressing centre-specific challenges and population variations	

	development acknowledging high mobility of workforce.		

Priority Setting Matrix

The Priority Setting Matrix provided valuable insight into the perceived importance and feasibility of each recommendation generated at the National and refined at the Queensland workshop. This activity helped participants identify the capacity-building recommendations that they considered most important and achievable within their resource-constrained prisons (Appendix 6 - Priority Setting Matrix Results).

The priority setting matrix identifies that supporting prisons to enable: 1) interested correctional personnel and justice health professionals to become local chronic – aged Palliative Care Clinical Champions and change agents and 2) relevant personnel to input into the multi-disciplinary team meeting about managing a 'person's palliative care needs is both feasible and valuable.

Noting that Recommendation 9 was ranked in two categories: High feasibility – high importance (n=9) and Low feasibility – low importance (n=4) (*)

Three of the 13 recommendations were classified as low feasibility and low importance.

- **Recommendation 10** (n=5) to establish national palliative care and ageing communities of practice inclusive of interested corrections personnel and justice health professionals in 2024.
- **Recommendation 9*** (n=4) test the feasibility and acceptability of the National Interdisciplinary Justice Health and Correctional Services Extension for the Community Healthcare Outcomes (ECHO) program in 2024 to enhance service delivery, address the complex just in time health needs of aging people in prison, and assist with building stronger interagency collaboration
- **Recommendation 13** (n=4) considering the potential of facilitating the Stanford Palliative Care Medicine QI Initiative in 2024 to strengthen the provision of palliative care in Australian prisons.

High feasibility – high importance

Four of the 13 recommendations were classified as being both high feasibility and high importance and are ranked in the order below:

- **Recommendation 9*** (n=9): In 2024, test the feasibility and acceptability of the National Interdisciplinary Justice Health and Correctional Services Extension for the Community Healthcare Outcomes (ECHO) program to enhance service delivery, address the complex, just-in-time health needs of aging people in prison, and assist with building stronger interagency collaboration.
- **Recommendation 3** (n=8) To support prisons to enable: 1) interested correctional personnel and justice health professionals to become local *chronic–aged* Palliative Care Clinical Champions *and change agents*; and 2) relevant personnel to input into the multi-disciplinary team meeting about managing a ' 'person's palliative care needs.
- **Recommendation 5** (n=8) maps Australian prisons to local palliative care services and explore opportunities to build their understanding of people in 'prisons' palliative

care needs and how they can better support their justice health colleagues to provide palliative care.
- **Recommendation 6** (n=8) to strengthen collaborations with community palliative care teams to accelerate referral and engagement as required.

Low feasibility – high importance

- **Recommendation 1** (n=4) To implement targeted palliative care education focused on: 1) introductory ageing, recognising deterioration content for correctional personnel; and 2) complex ageing and advanced symptom management for justice health professionals*; and 3) with joint education sessions recommended for key personnel.*
- **Recommendation 4** (n=4) specifically opportunities for interested corrections and justice health professionals to participate in the Program of Experience in Palliative Approach/Indigenous Program of Experience in Palliative Approach (PEPA/IPEPA) (e.g., observational placement at host site or reverse placement of palliative care specialist into the correctional site), including a program that builds correctional service personnel palliative care knowledge; and

High feasibility – low importance

Recommendation 13 (n=3) facilitating the Stanford Palliative Care Medicine QI Initiative in 2024 to strengthen the provision of palliative care in Australian prisons.

Low feasibility – low importance

Three of 13 recommendations were classified as being both low feasibility and low importance.

- **Recommendation 10** (n=5) to establish national palliative care and ageing communities of practice inclusive of interested corrections personnel and justice health professionals in 2024.
- **Recommendation 9*** (n=4) test the feasibility and acceptability of the National Interdisciplinary Justice Health and Correctional Services Extension for the Community Healthcare Outcomes (ECHO) program in 2024 to enhance service delivery, address the complex just in time health needs of aging people in prison, and assist with building stronger interagency collaboration
- **Recommendation 13** (n=4) considering the potential of facilitating the Stanford Palliative Care Medicine QI Initiative in 2024 to strengthen the provision of palliative care in Australian prisons.

Dotmocracy

The recommendations chosen for either regional/remote or metropolitan services (Appendix 7- Dotmocracy Results) generated the following recommendations, which are summarised in Figure 1 Rural and Metro Dotmocracy.

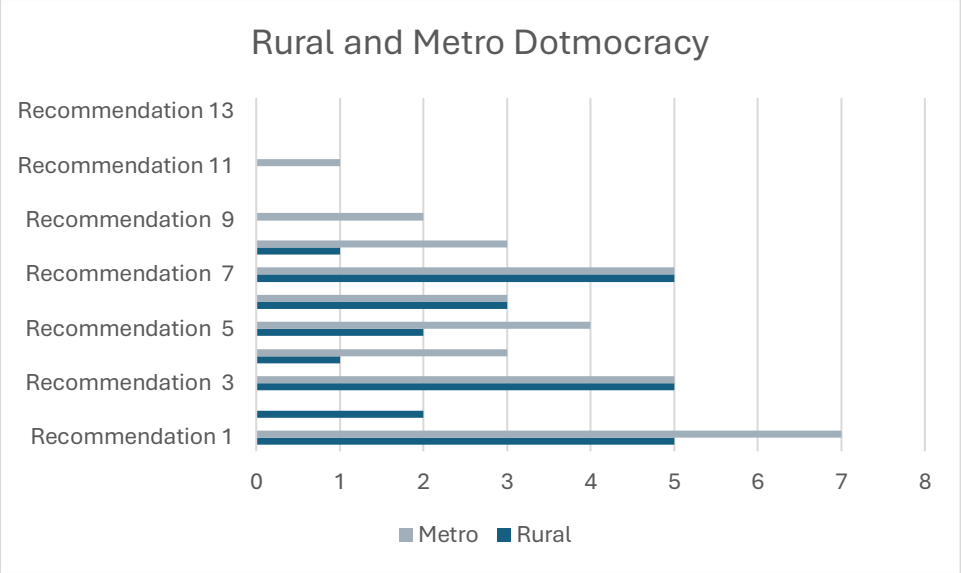

Figure 1 Rural and Metro Dotmocracy

Recommendations one, three and seven received the highest number of votes from both metro and rural locations, indicating strong support for implementing:

1) Targeted palliative care education metro (n=7) and rural (n=5) votes.

3) Enable local clinical champions and change agents with metro (n=5) votes and rural (n=5) votes.

7) Establishing or adopting palliative care referral pathways with metro (n=5) and rural (n=5) votes.

The participants from metropolitan prisons (n=11) placed fewer votes on recommendations 4, 5, 6, 8, 9, and 11 received fewer votes (< 5), indicating minimal support for ECHO, dying on country, accelerated referral, mapping, PEPA and regular feedback from stakeholders within metro region. The participants from rural prisons also allocated minimal support to recommendation 2, indicating minimal support for online-spaced learning within the rural regions.

No votes from both metropolitan and rural were received for recommendations 10, 12 and 13 which focussed on communities of practice, mortality review, and the Stanford QI program.

Spaced learning (recommendation 2) was not supported by metro and ECHO (Recommendation 9) was not supported by rural.

Value voting

When asked to allocate funding (Appendix 8 – Nominal group technique results), the recommendations receiving the most funding were:

- **Recommendation 1** – total funding $1.4M (4%)– focus: targeted palliative care education
- **Recommendation 7** – total funding $1.2 (37%) – focus: enable local clinical champions and change agents.
- **Recommendation 3** – total funding $1M (31%) – focus: establishing or adopting palliative care referral pathways (refer to Figure 2).

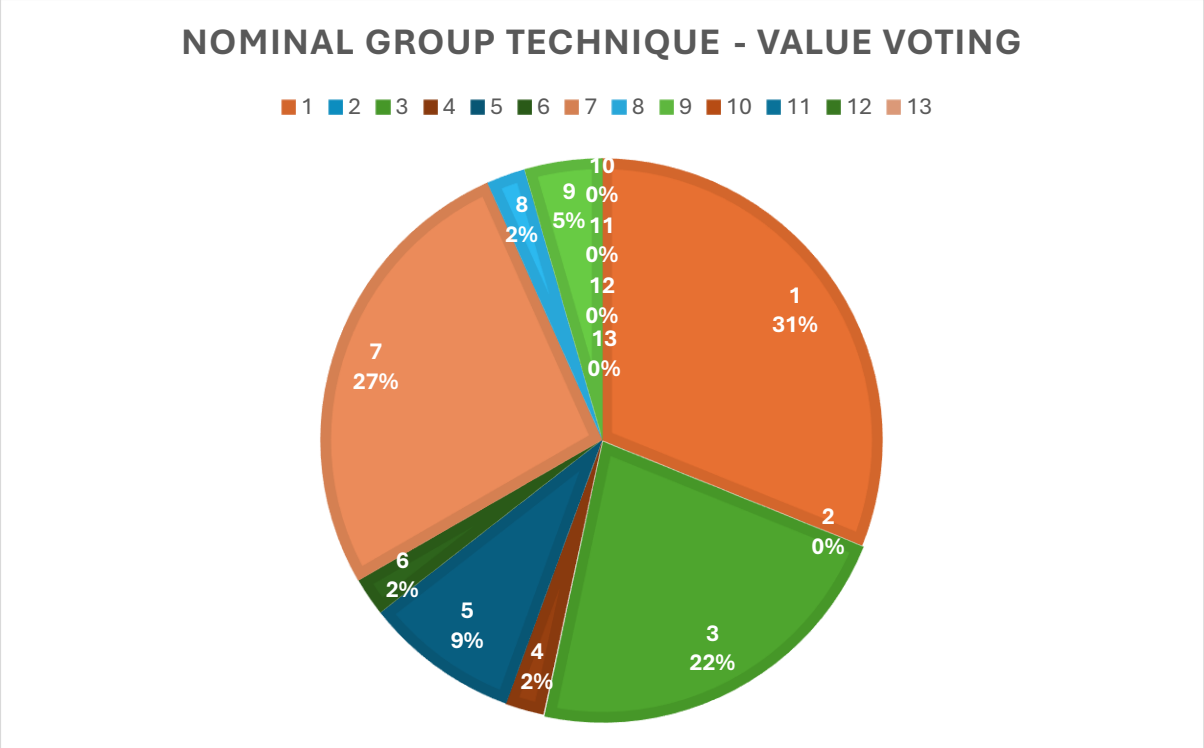

Figure 2 Value Voting

Recommendations five and nine were allocated a smaller proportion of funding ($400 000 and $200 000), indicating some support for the Extension of the Community Healthcare Outcomes (ECHO) program and mapping Australian prisons to local palliative care services.

Minimal funding ($ 100,000 each) was given to recommendations four, six, and eight, indicating that the IPEPA and PEPA programs, strengthened community palliative care teams and dying on country pathways were not considered to be a capacity-building priority.

No funding was allocated to recommendations two, 10, 11, 12 and 13 indicating there was no support for online spaced learning, national communities of practice, continual stakeholder feedback, combined correction and justice health mortality review, and Stanford Palliative Care Medicine QI Initiative.

Discussion

The Queensland workshop participants agreed on the preferred strategies for building capacity to deliver evidence-based palliative care in prisons. However, they differed in their opinions on the emphasis on nationally based interdisciplinary strategies for justice health and correctional services. Many participants preferred a state-focused approach, citing differences in governance and the need for tailored strategies that account for local contexts. Collaboration across state lines was acknowledged as essential, but the focus was on ensuring that strategies aligned with state-specific governance structures and priorities.

Individual capacity building barriers and opportunities

Evidence from similar capacity-building initiatives suggests that structured training programs that are interactive and based on real-world experiences are effective in improving skills within law enforcement (Miklósi, 2023). Collaborative approaches that engage multiple

stakeholders tend to yield better outcomes, fostering a sense of shared responsibility and commitment to improving care standards (Comartin, Milanovic, Nelson, & Kubiak, 2021; Moll, 2013; Perryman et al., 2023). Utilising the World Health Organization's individual capacity-building definition the following key strategies focus on enhancing the palliative care capabilities of justice health and correctional services within the prison system.

Innovative capacity-building strategies were identified as necessary to address current gaps in skills and knowledge. Recommendations included tiered experiential training, offering varied levels of engagement and complexity to suit different learning needs (Moll, 2013). Training programs should be designed to be inclusive, accessible, and flexible, with short, interactive sessions spread over several weeks. These programs should incorporate practical elements and be grounded in real-life experiences to enhance relevance and effectiveness.

- **Recommendation 1:** Implement targeted palliative care education focusing on:
  1) Introductory ageing and recognising deterioration content for correctional personnel.
  2) Complex ageing and advanced symptom management for justice health professionals
  3) Joint education sessions for key personnel
- **Recommendation 2:** Explore the acceptability and feasibility of using online spaced learning to deliver palliative care content for correctional personnel and targeted, just-in-time symptom management for justice health professionals, ideally utilising point-of-care, case-based scenarios.

Cultural shifts within the prison environment are essential to foster an atmosphere that supports palliative care. Champion leadership plays a crucial role in driving these changes. Identifying and supporting clinical champions who can advocate for and lead palliative care initiatives can help overcome resistance and promote a culture of empathy and understanding. These leaders can serve as role models, facilitating skills acquisition and helping to address staff turnover challenges (Moll, 2013).

- **Recommendation 3:** Support prisons to enable:
  1) Interested correctional personnel and justice health professionals to become local chronic-aged Palliative Care Clinical Champions and change agents.
  2) Relevant personnel to contribute to multi-disciplinary team meetings about managing a person's palliative care needs.
  3) Advocate for position descriptions that emphasise person-centred care and providing palliative care education as part of the prison's workforce onboarding.

Real-time case discussions and ongoing training initiatives are vital for maintaining and improving palliative care skills. The workshop highlighted the importance of incorporating real-time scenarios into training to enhance decision-making and practical skills. This approach not only helps in knowledge retention but also prepares staff to handle real-life situations effectively.

- **Recommendation 4:** Provide opportunities for interested corrections and justice health professionals to participate in the Program of Experience in Palliative Approach / Indigenous Program of Experience in Palliative Approach (PEPA/IPEPA).

Facilitators for implementing these capacity-building strategies include strong leadership, supportive work cultures, and effective collaboration between correctional services and justice health professionals. Networking with experienced staff and external stakeholders can also provide valuable insights and support (Moll, 2013).

However, several barriers must be addressed, including limited resources, training fatigue, and logistical challenges such as organising training sessions amid lockdowns and modified routines. There is also a need to improve health literacy and death literacy among correctional staff and prisoners.

Successful implementation of these recommendations requires a concerted effort to overcome barriers and leverage facilitators. By focusing on innovative training, cultural shifts, and strong leadership, the capacity to provide high-quality, evidence-based palliative care in Queensland's prisons can be enhanced.

Organisational capacity-building barriers and opportunities

Evidence suggests that successful organisational capacity-building relies on effective leadership, collaboration, and an inclusive approach that respects cultural diversity. Implementing structured pathways and leveraging existing partnerships can lead to improvements in healthcare quality. The following strategies focus on overcoming barriers and enhancing the organisational framework necessary to deliver palliative care in prisons.

Organisational barriers include entrenched attitudes and cultural perspectives that create stigma surrounding death and palliative care. Resistance to change is a significant hurdle, often rooted in cultural perspectives, that can hinder effective care provision. It's essential to identify and cultivate leadership and emotional intelligence within the organisation to overcome these barriers. This can be overcome by finding champions to lead palliative care initiatives and promoting emotional intelligence among staff, which can foster a more supportive environment. Identifying passionate individuals and fostering a willingness to embrace new approaches are critical steps in solving cultural change (Perryman et al., 2023).

Better collaboration between correctional services and justice health is essential to provide patient-centred care that recognises the diverse chronic health and cultural needs of the older prison population (Moll, 2013). As noted in the World Café discussions, a Memorandum of Understanding (MOU) can formalise this collaboration, ensuring dedicated correctional staffing and clear roles and responsibilities.

- **Recommendation 5:** Map Australian prisons to local palliative care services and explore opportunities to build an understanding of prisoners' palliative care needs. Strengthen support for justice health colleagues in providing palliative care.
- **Recommendation 6:** Strengthen collaborations with community palliative care teams to accelerate referral and engagement as required.

Promoting collaborative training projects and knowledge sharing among correctional staff and justice health professionals can enhance working relationships and facilitate the exchange of experiences. This approach can help build trust and improve the overall quality of care (Moll, 2013).

- **Recommendation 7**: Establish or adopt existing palliative care referral and intervention triggers and pathways to ensure timely access to appropriate care for people in prison with palliative care needs.

Operational logistics play a crucial role in the implementation of palliative care strategies. Utilising current learning management systems and addressing connectivity barriers are essential to support technological infrastructure and training initiatives. There are also opportunities to optimise schedules and movement with prisons to accommodate training sessions. Resource allocation and reallocation can be leveraged to increase training duration and quality, making it possible to address immediate and long-term needs.

Developing culturally sensitive care pathways is vital, particularly for Aboriginal and Torres Strait Islander people. Creating pathways that respect cultural practices and needs can significantly enhance the effectiveness of palliative care.

- **Recommendation 8:** Support interested jurisdictions in co-designing a 'dying on country' pathway to enable Aboriginal and Torres Strait Islander people dying in prison facing an expected death to return home.

Addressing organisational barriers such as limited resources, resistance to change, and logistical challenges must be addressed. Facilitating strong leadership, clear communication, and effective collaboration with external stakeholders requires a commitment to collaboration, innovation, and cultural sensitivity to achieve lasting improvements.

Community capacity-building barriers and opportunities

Community involvement and stakeholder collaboration are crucial for improving palliative care delivery. Engaging communities in care initiatives and leveraging partnerships with external stakeholders can help overcome systemic barriers and enhance care quality (Moll, 2013).

Addressing systemic challenges in providing palliative care in prisons is primarily due to fragmented healthcare systems and limited access to essential services and resources. Key issues include limited access to Medicare and PBS medications, limited availability of general practitioners (GPs) and medical specialists, and sparse resources. These systemic issues are compounded by competing priorities, infrastructure limitations, IT connectivity problems, and legal barriers that impede the implementation of palliative care strategies within prisons.

Collaboration with health and other stakeholders is essential to overcome these systemic challenges. Partnerships with parole boards, community corrections, and external experts can provide valuable support and resources. Community involvement and collaboration through initiatives such as Last Aid courses and community-led programs offer opportunities to improve care delivery. These initiatives can help build a supportive network that enhances the capacity of prisons to provide quality palliative care.

Evaluation of national programs showed that despite strong support for the ECHO program, the Queensland experience suggests that it is challenging to implement in busy work environments. Therefore, a national ECHO program was not viewed as a feasible or viable strategy. Seeking input from all stakeholders, including people in prison, their families, correctional personnel, and justice health professionals, through questionnaires and other feedback methods, was also viewed as a minimal priority. Recommendation 11 for continuing to seek input from stakeholders was not prioritised by the Queensland co-design workshop participants.

Recommendations for improving governance and quality in palliative care include establishing a combined corrections and justice health mortality review (recommendation 12). A mortality review aims to strengthen corrections and clinical governance process, prevent unexpected deaths in custody, and better manage the palliative care needs of people in prison. This was not prioritised by the Queensland co-design workshop participants. Recommendation 13 considers the potential of facilitating the Stanford Palliative Care Medicine QI Initiative.

Facilitators for implementing community capacity-building strategies have the potential for collaboration and support from external stakeholders. Community-led initiatives can serve as

a powerful means to engage and empower communities to contribute to palliative care efforts. However, barriers such as systemic healthcare issues, resource limitations, and legal obstacles must be addressed to achieve meaningful progress. Addressing community capacity challenges requires a multi-faceted approach focusing on collaboration, systemic improvements, and community engagement. By leveraging existing resources and fostering partnerships, the capacity to provide high-quality, evidence-based palliative care in Queensland's prisons can be enhanced.

Next steps

Following the Queensland workshop, the Palliative Care in Prisons National Project Advisory Group considered the practicalities of implementing the three top recommendations.

- **Recommendation 1:**
  To implement targeted palliative care education focused on 1) introductory ageing, recognising deterioration content for correctional personnel; 2) complex ageing and advanced symptom management for justice health professionals; and 3) *joint education sessions recommended for key personnel.*
- **Recommendation 3**:
  - 3.1 To support prisons to enable: 1) interested correctional personnel and justice health professionals to become local *chronic - aged* Palliative Care Clinical Champions *and change agents*; and 2) relevant personnel input into the multi-disciplinary team meeting about managing a ' 'person's palliative care needs; and
  - *3.1) To advocate for position descriptions that emphasise person-centred care and providing palliative care education as part of the prison's workforce onboarding.*
- **Recommendation 4**:
  - Opportunities for interested corrections and justice health professionals to participate in the Program of Experience in Palliative Approach/Indigenous Program of Experience in Palliative Approach (PEPA/IPEPA) (e.g., observational placement at host site or reverse placement of palliative care specialist into the correctional site), including a program that builds correctional service personnel palliative care knowledge.
- **Recommendation 7**:
  - To establish or adopt existing palliative care referral and intervention triggers and pathways to ensure that people in prison with palliative care needs have timely access to appropriate care.

Actions:

Delivering multi-mode interactive education that champions palliative care excellence within the prison sector will be advanced through:

- IPEPA/PEPA: Partnering with the Nationally funded Program of Experience in Palliative Approach Program (PEPA) and Indigenous Program of Experience in Palliative Approach (IPEPA) to champion palliative care excellence locally. Targeting training to local needs and resources in recommendation one and four.
- Spaced Education: Piloting an online spaced learning palliative care course for correctional staff. Co-designing authentic Qstream cases will require the active engagement of interested correctional and justice health professionals. These cases will be critical to building correctional staff's understanding of palliative care and their role in supporting people in prison with palliative care needs, including

recognition of the diverse unique palliative care needs of people in prison, managing older versus younger cohort, recognising deterioration, cultural sensitivity and person-centred care within a secure environment. Targeting recommendations one and three.

- Mapping local Services: Strengthening links with local specialist palliative care teams by mapping prisons to their local palliative and chronic care services through I/PEPA collaboration to strengthen referral, intervention triggers and pathways to community palliative care teams, accelerating timely referral and engagement targeting recommendation seven.
- Community of Practice: Fostering national correctional services and justice health collaborations through establishing the National Community of Practice. Targeting recommendations one and three.

It was recommended, despite the strong support for the ECHO program, the Queensland experience suggests that this is difficult to implement in busy work environments and that a national ECHO program was not viewed as being feasible or viable, so it will not be considered further at this time.

Conclusion

Various factors necessitating consideration for the implementation of palliative care capacity-building strategies for Queensland prisons include recognising the complex, risk-averse nature of prisons, which primarily prioritises security. This challenge of balancing operational and security requirements can impact the facilitation of person-centred care. Collaboration, engagement, external connections, and support with clearly defined responsibilities can effectively deliver person-centred palliative care within the prison environment. Addressing barriers to providing palliative care in prison requires comprehensive strategies at individual, organisational and community levels encompassing state governance priorities in health and correctional services. This encompasses individual workforce education including cultural sensitivity, with organisational staffing and resources allocation and systemic changes, backed by high level community support.

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Appendix

Appendix 1: Queensland Palliative Care Capacity Building Co-Design Workshop Capacity Building Approaches

Palliative Care in Prisons

Potential Capacity Building Approaches

Brisbane Workshop Reading

16 February 2024

Community of Practice

Definition

A group of individuals who share a common interest or concern and collaboratively improve their skills and knowledge through regular interactions, improving their collective expertise in a relevant field or activity (Wenger, 2011).

Method

The three important elements of developing a community of practice include 1) an identity or membership connected to a shared interest, 2) a community of members engaging in discussion and activity, and 3) shared resources (Wenger, 2011).

Advantages

- It is a strategy that facilitates communication and connections across various levels and divisions within formal organisations, such as healthcare or government (Wenger, 2011).
- It allows space for cultural and professional knowledge to be recognised and considered (Shahid et al., 2019).
- A low-cost, scalable peer-support approach that can be conducted virtually or fac-to-face.

Disadvantages

- A broadening definition means characterising what is or is not a Community of Practice becomes more challenging (Li et al., 2009)
- Requires an organisational and individual commitment to ensure participation and a facilitator.

Evidence

In healthcare, Communities of Practice can serve several purposes, such as competency development, addressing organisational barriers, improving information sharing, implementing new technologies, increasing formal and informal communication within a team, and enacting behaviour change (Ranmuthugala et al., 2011).

Further reading

https://pubmed.ncbi.nlm.nih.gov/31774401/

Extension for Community Healthcare Outcomes

Definition

Extension for Community Healthcare Outcomes (ECHO) is a bidirectional tele-education practice model aiming at amplifying healthcare professionals' competencies in the management of complex and chronic health conditions (Chicoine et al., 2021).

Method

ECHO is a channel whereby specialist mentors can share best practices with local clinicians to reduce variation in care and improve outcomes through an established network between front-line healthcare professionals and a multidisciplinary team of specialists (Andrea, 2019). Typically, the model includes a curriculum of regularly scheduled "ECHO clinics" of case-based discussion about a real patient situation and a short didactic presentation. Echo clinics combine brief didactic with case-based learning from specialists with embedded case material (Andrea, 2019).

Advantages

- Patients in underserved areas receive best-practice care without travelling to urban centres (Andrea, 2019).
- Continued no-cost medical education (Andrea, 2019).
- Professional interaction with colleagues and access to specialists (Andrea, 2019).

Disadvantages

- Clinician time requirement (Andrea, 2019)
- Organisational and individual commitment to participate and to present a de-identified patient case (Andrea, 2019).
- Requires a facilitator and input from relevant specialist providers (Andrea, 2019).

Evidence

The ECHO model was first launched in 2003 to support primary care providers in rural and prison settings in managing patients infected by the Hepatitis C virus. Evidence shows the ECHO Model increases healthcare professionals' perceived knowledge and confidence in their ability to perform new behaviours in practice (Chicoine et al., 2021).

Further reading

https://www.tandfonline.com/doi/abs/10.1080/08897077.2021.1941518

Indigenous/Program of Experience in the Palliative Approach

Definition

The Indigenous/ Program of Experience in the Palliative Approach (I/PEPA) is a national program funded by the Australian Commonwealth Government as part of the National Palliative Care Strategy. It provides opportunities and funding for education in palliative care for health professionals through clinical placements and interactive workshops (PEPA Project Team, 2020).

Method

One element of the program is the "reverse placement", which allows a specialist palliative care clinician, supported by PEPA mentors, to attend a workplace to provide palliative education and mentorship to the workplace over 2-4 days (PEPA Project Team, 2020). The aim is to improve the skills and confidence of an entire team to work with those affected by life-limited illnesses.

Advantages

The advantages of a reverse placement include (PEPA Project Team, 2020):

- Cost-efficiency of educating more than one participant at a time.
- Strengthening relationships between specialist palliative care services and the unit.
- The ability of the specialist palliative care clinician to recognise facility-specific issues.
- On completion, participants will have the confidence and skills to implement a palliative approach in their usual role.

Disadvantages

- Specialist Palliative Care providers must travel and remain onsite for a period, which may limit the availability of these placements as they have existing clinical responsibilities (Shahid et al., 2019).

Evidence

Evidence suggests that a reverse I/PEPA placement provides appropriate support for Indigenous healthcare professionals, as the facilitator can tailor learning to the group's specific needs (Shahid et al., 2019).

Further reading

https://www.proquest.com/docview/2645225668/fulltextPDF/C199C72C245A4416PQ/1?accountid=13380

https://search.informit.org/doi/epdf/10.3316/ielapa.958237219642955

Spaced education – via the Qstream Platform

Definition

Spaced education harnesses the pedagogical benefits of spacing and testing effects to deliver small quantities of educational content in repeating patterns over time while concurrently 'testing' learners' understanding of the content (Kerfoot et al., 2007).

Method

Educational content that is spaced and repeated over time (spaced distribution) increases the acquisition and retention of knowledge compared to content delivered at a single time point (mass or bolus distribution)(Bjork, 1988; Pashler, Rohrer, Cepeda, & Carpenter, 2007). Spaced and repeated test-enhanced learning promotes better recall and retention than long single or back-to-back consecutive testing (Green, Moeller, & Spak, 2018; Karpicke & Roediger, 2008; Karpicke & Roediger III, 2007). Qstream takes advantage of the psychological finding that education encounters that are 'spaced' and 'repeated over time result in more efficient learning and improved retention compared to a bolus distribution learning format (Kerfoot, Lawler, Sokolovskaya, Gagnon, & Conlin, 2010). It 'pushes' clinical questions or case-based scenarios to the participant's email, which takes less than 5 min to answer, and provides immediate feedback upon submitting a response. When delivered prospectively, it can generate significant topic-specific learning (Kerfoot et al., 2011). In several RCTs, 'Qstream' has been shown to improve knowledge acquisition, boost knowledge retention from 3 months and out to 2 years, and positively impact on entrenched clinical practice and outcomes (Kerfoot, 2010; Phillips, Heneka, Hickman, Lam, & Shaw, 2014; T. Shaw, Long, Chopra, & Kerfoot, 2011; T. J. Shaw et al., 2012).

Advantages

- A cost-effective, scalable online delivery platform underpinned by good evidence.
- Addresses the learning retention curve, where 70% of knowledge is forgotten within 30 days.
- Qstream's short scenario-based assessment format:
- Increase knowledge retention and reinforcement by up to 170%
- Cement knowledge in the minds of healthcare professionals so they can apply this new knowledge to their role to improve job performance and patient care.
- Its bite-sized micro-learning and delivery method accommodates busy healthcare professionals' schedules and increases learner engagement by 90% or more.
- Each authentic case-based scenarios question takes 7 minutes to complete.

Disadvantages

- Per head user licence and access to a mobile phone or desktop computer.
- Requires an organisational commitment for participants to attend to learning using their mobile phone and an individual commitment to engage in the learning content.

Evidence

It is the only microlearning technology with evidence of changing healthcare providers' knowledge and behaviours (add previous references).

Further reading

https://qstream.com/industries/qstream-healthcare-education-and-training-solutions/

Stanford Palliative Care Medicine QI

Definition

The Standford Palliative Medicine QI program (PAICE) teaches collaborative evidence-based Quality Improvement methodology during 7 interactive sessions to multidisciplinary teams so that they can address inefficiencies and unique problems in complex healthcare environments in diverse global settings.

Method

The Standford Palliative Medicine QI Team have discovered effective methods for applying quality improvement tools and creating a learning environment where clinical leaders can redesign how care is delivered in their local areas.

Advantages

- Online and scalable
- Proven model that delivers quantifiable results in improving patient outcomes and engaging local leaders.
- Bring diverse disciplines together to address a locally identified problem.
- A structured program that builds QI capabilities through defined deliverables and timelines.

Disadvantages

- Requires an organisational and individual commitment to allocate the time to complete the tasks – approximately an hour a week.

Evidence

Between 2017 and 2020, the Palliative Care—Promoting Access and Improvement of the Cancer Experience Program conducted three QI capacity-building courses with 22 Indian palliative care and cancer programs. This work has demonstrated that it is a feasible model of international collaboration and capacity building in palliative care and cancer QI. It is one of the several networked and blended learning approaches with the potential for rapidly scaling evidence-based practices (Lorenz et al., 2021).

Further reading

https://globalhealth.stanford.edu/programs/paice-global/

https://globalhealth.stanford.edu/education/improving-cancer-care-in-india.html/

Train the trainer

Definition

An organised activity is provided by a trainer to improve the trainees' learning and behaviour (Poitras et al., 2021).

Method

An outside consultant or specialist facilitates initial training for the selected internal trainers. Standardized training ensures that all trainers receive the same instruction and format. The skills and practical exercises taught in training can be tailored to specific industries or workplaces, with the course format and process remaining the same (Graupp, 2023).

Advantages

- Ability to reach larger audiences via subsequent training activities.
- More direct access to understand contextual issues affecting application and training.
- Potential for enhancing networking and collaboration amongst trained.

Disadvantages

- Other staff/peers lack of training (Poitras et al., 2021)
- Funding required for continued training (Poitras et al., 2021)

Evidence

Train-the-trainer is an effective method for broadly disseminating evidence-based public health principles that is less costly than traditional methods and allows for tailoring to local issues (Yarber et al., 2015).

Further reading

https://pubmed.ncbi.nlm.nih.gov/34292260/

https://www.twi-institute.com/train-the-trainer-model/

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Appendix 2: Queensland Palliative Care Capacity Building Co-Design Workshop Program

Queensland Palliative Care Capacity Building Co-Design Workshop.

Justice Health and correctional services. QUT,
Brisbane, Kelvin Grove 16 February 2024

Time	Presenter	Content
09:30	Monique/Jane	Acknowledgement, Introductions, housekeeping.
09:35	Jane	Introduction to palliative care and co-design workshop objectives
09:50	Monique	Team exercise
10:00	Isy	Meta synthesis – Perspectives of clinician and correctional officers' experiences of palliative care.
10:10	Monique	Capacity building, what do we know?
10:30	Jane	Capacity building, what are the options?
10:50		Morning tea
11:00	Jane	World café – Defining the needs
12:00	Jane	Feedback and conversation
12:30		Lunch
13:00	Monique	National and State Recommendations
13:20	Jane	Mapping recommendations
13:40	Monique/Jane	Generation of ideas
14:00	Monique/Jane	Regional, Metro dotmocracy
14:20	Monique/Jane	Support your statement
14:30		Afternoon break
14:50	Jane	Feedback
15:00	Jane	Next steps
16:30	Jane	Close

Appendix 3: World Café Question set

1	What are the barriers and facilitators to implementing capability building strategies in Queensland prisons?
2	What would be the best strategies to build justice health professionals palliative care capabilities
3	What would be the best strategies to build correctional officers palliative care capabilities

Appendix 4: Queensland Palliative Care Capacity Building Co-Design Workshop Priority Setting Matrix

RSTUVW Supportive Framework

Room:

Availability of dedicated space for capacity building program

Skills:

Existence of a well laid out program for skills transfer.

Clear expectations between mentor and mentee.

Skills acquired can be put into practice in a non-research (policy) environment.

The expertise acquired is relevant to the local needs.

Skills acquired can be transferred to other professionals.

Tools:

Availability of equipment or technology useful for research and training.

Existence of policy framework that supports the implementation of the program.

Existence of research focused curriculum.

Availability of funding allocated for research activities.

Understanding:

A clear understanding of what needs to be done.

Existence of shared vision, mission, policy, and agenda on research and training.

Voice:

Research and training priorities have clout "voice" to resonate with key policy makers.

Endorsement by, and involvement of the highest authority within the institution.

Buy-in of the institution's most influential stakeholder/s.

Positive recognition and credibility of the research and training institution

Will:

Involvement of highly willing, motivated, self-driven individuals.

Sufficient interest among the stakeholders at the institution.

Recommendations

Thirteen recommendations emerged from the Co-design capacity-building workshop:

Multi-mode interactive education that champions palliative care excellence

14. To implement targeted palliative care education focused on 1) introductory ageing, recognising deterioration content for correctional personnel, and 2) complex ageing and advanced symptom management for justice health professionals.
15. To explore the acceptability and feasibility of using online spaced learning to deliver palliative care content for correctional personnel and more targeted symptom management for justice health professionals.
16. To support prisons to enable: 1) interested correctional personnel and justice health professionals to become local Palliative Care Clinical Champions; and 2) relevant personnel to input into the multi-disciplinary team meeting about managing a person's palliative care needs.
17. To create opportunities for interested corrections and justice health professionals to participate in the Program of Experience in Palliative Approach/Indigenous Program of Experience in Palliative Approach (PEPA/IPEPA) (e.g., observational placement at host site or reverse placement of palliative care specialist into the correctional site), including **a program that builds correctional officers palliative care knowledge.**

Strengthening links with local specialist palliative care teams

18. To map Australian prisons to local palliative care services and explore opportunities to build their understanding of people in prisons' palliative care needs and how they can better support their justice health colleagues to provide palliative care.
19. To strengthen collaborations with community palliative care teams to accelerate referral and engagement as required.
20. Establish or adopt existing palliative care referral and intervention triggers and pathways to ensure that people in prison with palliative care needs have timely access to appropriate care.
21. To support interested jurisdictions to co-design a 'dying on country' pathway to enable Aboriginal and Torres Strait Islander people in prison facing an expectant death to return home.

Foster national correctional services and justice health collaborations

22. To test the feasibility and acceptability of the National Interdisciplinary Justice Health and Correctional Services Extension for the Community Healthcare Outcomes (ECHO) program in 2024 to enhance service delivery, address the complex health needs of aging people in prison, and assist with building stronger interagency collaboration.
23. Establish National palliative care and ageing communities of practice inclusive of interested corrections personnel and justice health professionals in 2024.

Evaluating effectiveness

24. To continue to seek input from all stakeholders (e.g., people in prison and their families, correctional personnel and justice health professionals) via questionnaires and other means of feedback.
25. To consider establishing a combined correction and justice health mortality review to support strengthening corrections and clinical governance processes to prevent unexpected deaths in custody and better manage the palliative care needs of people in prison.
26. To consider the potential of facilitating the Stanford Palliative Care Medicine QI Initiative in 2024 to strengthen the provision of palliative care in Australian prisons.

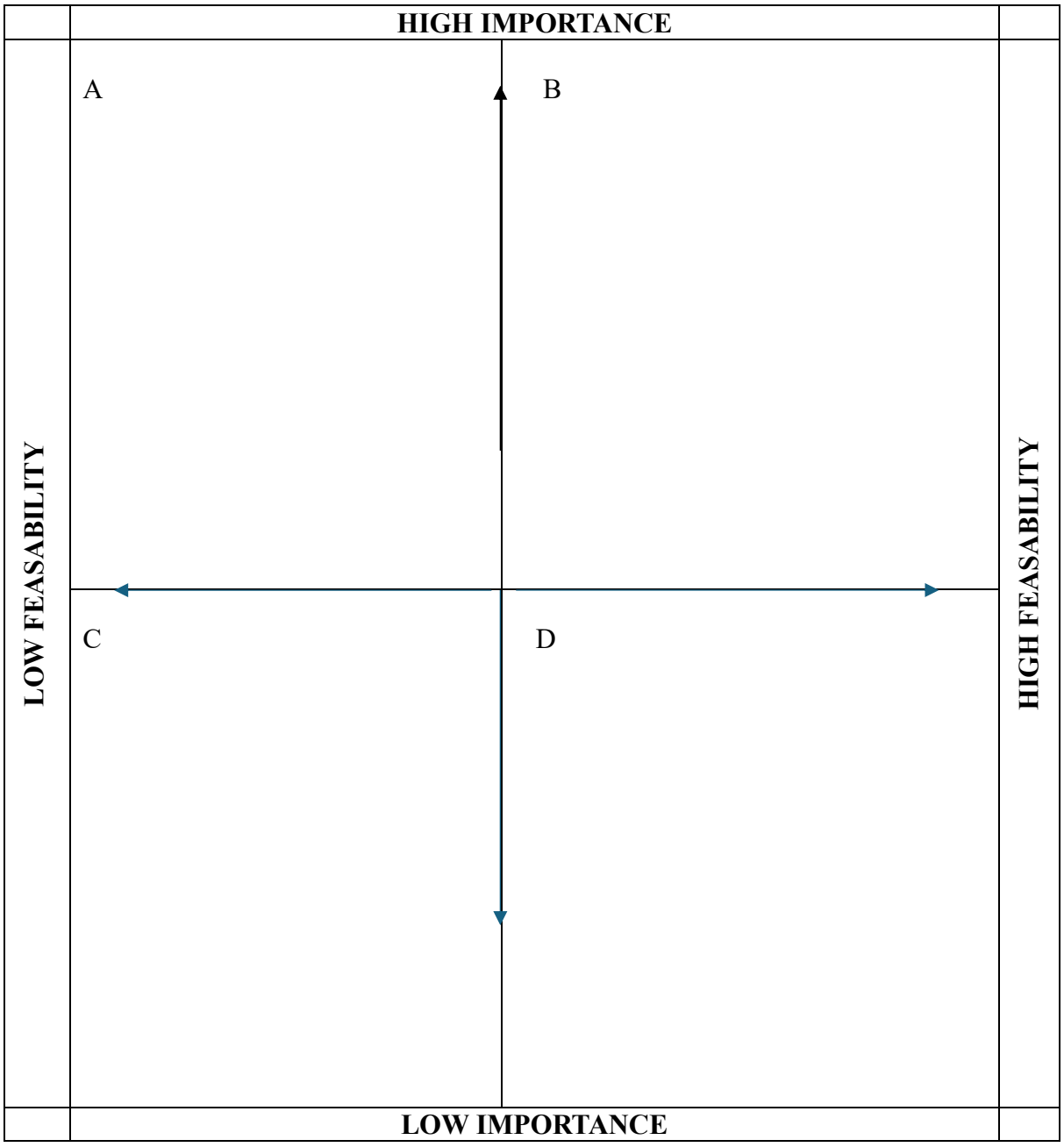
Referring to the RSTUVW framework, allocate the numbered national recommendations to the boxes below;

Quadrant A = Low Feasibility, High Importance

Quadrant B = High Feasibility, High Importance

Quadrant C = Low Feasibility, Low Importance

Quadrant D = High Feasibility, Low Importance



Appendix 5: Online survey results

Question	Answer		
In 1-2 words describe what type of care palliative care includes (n=18)	Compassionate Patient centred Mitigating suffering Physical Mental emotional Spiritual Compassion person centred care Comfort cares Dignity Individual Compassionate Compassionate Comfortable End Death Comfortable Wholistic Responsive Humanistic Wholistic Supportive Therapeutic alliances Comfort Pathway Complete Respect Family Comfort Personhood Dignity Holistic Person Centred Person centred compassionate innovative Psychosocial care Quality pain management spiritual care Cultural impacts Family Access Holistic person centred Culturally sensitive Family inclusive Goal centred Comfort As soon as practicable		
When should palliative care be implemented? (n=17)	When people have unmet needs	15 responses	88%
	Last 12 months of life	2 responses	12%
	Last 3 months of life	No response	0%
	Last days of life	No response	0%
In 1 – 2 words describe what our prison system needs to be able to care for people with palliative care needs. (n=15)	Communication and collaboration AINs Flexibility, courage and compassion More funding for more appropriate set up and facilities Facilities Responsive tools Collaborative communication Alternative facilities Dedicated resourcing Suitable facilities		

	Empathic, rather than punitive, emphasis Upskilling prison health staff Skilled workforce Infrastructure, staff & knowledge Training Care culture System navigation Dedicated inpatient facility Flexibility Policy Real time support

Appendix 6: Priority Setting Matrix results (n=19)

Recommendation	**High feasibility/ high importance**	Low feasibility/ High Importance	Moderate feasibility/ Moderate importance	High feasibility/ low importance	Low feasibility/ Low Importance
1	**6**	4	1	.	.
2	**7**	2	1	1	.
3	**8**	1	1	.	.
4	**5**	4	1	1	2
5	**8**	1	1	1	1
6	**8**	3	.	.	.
7	**7**	3	.	1	.
8	**6**	3	1	1	1
9	**9**	2	1	1	4
10	**6**	.	.	.	5
11	**4**	3	.	1	2
12	**6**	1	.	1	3
13	**2**	.	1	3	4

Appendix 7: Dotmocracy results (n=19)

Metropolitan (n=11)			
Recommendation 1	7	Recommendation 8	3
Recommendation 2	0	Recommendation 9	2
Recommendation 3	5	Recommendation 10	0
Recommendation 4	3	Recommendation 11	1
Recommendation 5	4	Recommendation 12	0
Recommendation 6	3	Recommendation 13	0
Recommendation 7	5		

Rural/Remote (n=8)			
Recommendation 1	5	Recommendation 8	1
Recommendation 2	2	Recommendation 9	0
Recommendation 3	5	Recommendation 10	0
Recommendation 4	1	Recommendation 11	0
Recommendation 5	2	Recommendation 12	0
Recommendation 6	3	Recommendation 13	0
Recommendation 7	5		

Appendix 8: Nominal Group Technique results (n=15)

Recommendation	Funding Allocated
Recommendation 1	$ 1 400 000
Recommendation 2	$ 0
Recommendation 3	$ 1 000 000
Recommendation 4	$ 100 000
Recommendation 5	$ 400 000
Recommendation 6	$ 100 000
Recommendation 7	$1 200 000
Recommendation 8	$100 000
Recommendation 9	$200 000
Recommendation 10	$0
Recommendation 11	$0
Recommendation 12	$0
Recommendation 13	$0