



karuna



Model of Care

An integrated approach to health and social care systems in support of people, their families, caregivers, and communities.



Acknowledgment of Country

Karuna Hospice Services acknowledges the Traditional Owners of Country throughout Australia and recognises the continuing connection to lands, waters and communities.

We pay our respect to Aboriginal and Torres Strait Islander cultures; and to Elders past and present.



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Karuna Community Services

Karuna Hospice Services (Karuna) was founded in 1992 by Venerable Pende Hawter, a Buddhist monk with a vision to provide no cost, community palliative care in the home, to help alleviate the fear and suffering that comes with dying, for people of all denominations and spiritual beliefs and their families.

For over 30 years Karuna has consistently delivered quality specialist palliative care in homes across Brisbane north and has become a trusted brand offering unique, values-based care, founded on Buddhist principles of kindness and compassion.

However, there have been many and varied changes in the domain of in-home palliative care since 1992. These include ongoing changes to complexity of disease and management of symptoms, limitations in social support and access to care, a fractured and resource depleted health system and demand from the population for more choice and dignity around their end-of-life journey, and their health in general. (Abel & Kelleher 2016; Garrubba & Melder 2019; Lockett et al 2014)

This has amplified the need for Karuna to update our model of care to minimise these potential barriers and pivot our service delivery in recognition of community needs, and to remain abreast of the changing nature of the healthcare system. Our goal is to enable people and their families to access appropriate support and of their choosing, tailored to them in 2024 and beyond.

Further, Karuna will actively contribute to the wider community's death literacy and spiritual wellbeing in a culturally safe and informed manner through discussion, advocacy, mentorship, education and public engagements.

Our strategy for people-centred care.



VISION

A world where people with life limiting illness live well and die peacefully.



PURPOSE

Supporting people affected by life limiting illness to receive person-centred care in their place of choice.



VALUE PROPOSITION

Person-centric service model that delivers choice, independence and quality of life when faced with a life limiting illness, guided by Buddhist principles.



VALUES

How we think: Humility. How we act: Kindness. How we relate: Respect. How we find meaning: Courage.

Guiding principles and philosophy of care

Death is an integral part of life. With advancements in medical science and technology, there has been a shift towards viewing the process of dying as a medical event or condition that can be diagnosed, treated, and managed within healthcare settings.

With this approach has come an estrangement from natural dying and a fear and negative perception of death for many people. (Abel & Kelleher 2016)

Death, dying, loss, grief and caregiving is everyone's business, and is not only the job of our health service and health professionals. Karuna is perfectly placed to blend its Buddhist principles with a community health service that reflects this perspective with the broader community.

Buddhist principles emphasise the fundamental relationship between life and death and the importance of experiencing them both with purpose and heart. These principles encourage an understanding of impermanence, the fragility of life and how to face death with wisdom, acceptance, and compassion and to be at ease with both – i.e. “to live well and die peacefully”.

Irrespective of faith, culture, gender, age, social or economic circumstances, this is everyone's wish and Karuna sees a role in supporting people to make this wish a reality.

Karuna's service model has long been recognised by the Queensland government as a valuable and quality service to community.





People-centred care

A fundamental aspect of being human is in supporting each other to have a quality of life, even when faced with death.

This Model of Care (Beyond 2024) intentionally incorporates the term ‘people-centric’ as opposed to the traditional ‘person-centric’ when describing the focus or ‘heart’ of its service. Although both terms support a shift away from the out-dated health system, ‘patient-centric’ approach, this change highlights the important integration of health and social care systems to support people, their families, caregivers, and communities, in not only a quality of death, but also quality of life. (Abel & Kelleher 2016; Horsfall 2018).

This combined health and social offering is not a new concept. It is an evidence-based holistic approach that incorporates horizontal enablers (such as advance care planning, community support, advocacy, death literacy and policy change) with digital technology, as well as education, training and community partnerships.

The other fundamental aspect to the term ‘people-centric’ is that it supports the concept of people having greater autonomy and choice over their own health, as well as how and when they receive care. ‘Shifting the dial’ to allow people to control their own care through supported self-management platforms empowers people, improves their experiences and their health and wellbeing overall, which is the recommended approach for the future of community healthcare.

The key to putting these concepts into practice will be through innovation. As such, innovation is one of Karuna’s five strategic pillars for 2024 and beyond. Innovation in service offering, care management approaches, service delivery, and a review of what is considered a ‘good outcome’ (i.e. improved access, excellent experiences, and self-reported wellbeing, as opposed to activity for funding) will be what determines successful application of this Model of Care.

Karuna's Model of Care | Beyond 2024

A "Model of Care" typically defines the way health services are delivered, for a specific population group. It draws on practice-based evidence, national standards and strategic plans to create an innovative roadmap on how to deliver a gold standard service.

A Model of Care defines the management, procedures and operational systems that provide access, coordination and the structures needed to deliver services, and care to those who seek our services. Effectively, a service model of care describes how the care is managed and organised around our community.

Simply put, a Model of Care outlines how to ensure people get the right care, at the right time, by the right team and in the right place (Agency for Clinical Innovation 2013).

Karuna's Model of Care (Beyond 2024) builds on our traditional service delivery offering of specialist palliative care to include a contemporary grief and bereavement service, as well as education, training, and mentorship program. Designed to augment our established nurse-led model, we now approach our service to community as a holistic model, with a wider, whole of community mindset.

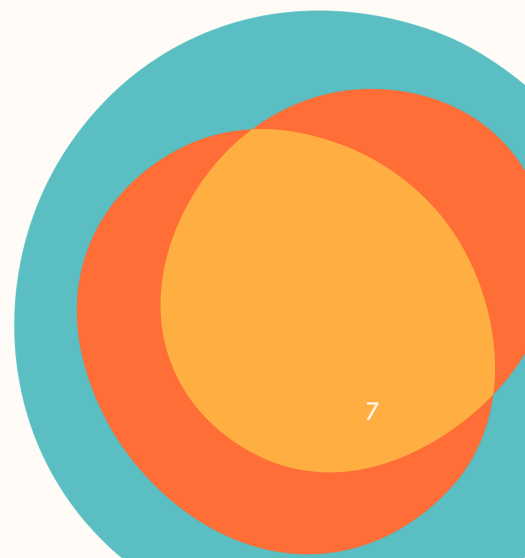
To meet the aspirations of Karuna's vision of a world where people affected by life limiting illness live well and die peacefully, Karuna's Model of Care has two service components:

1 | Living Well | Karuna Plus

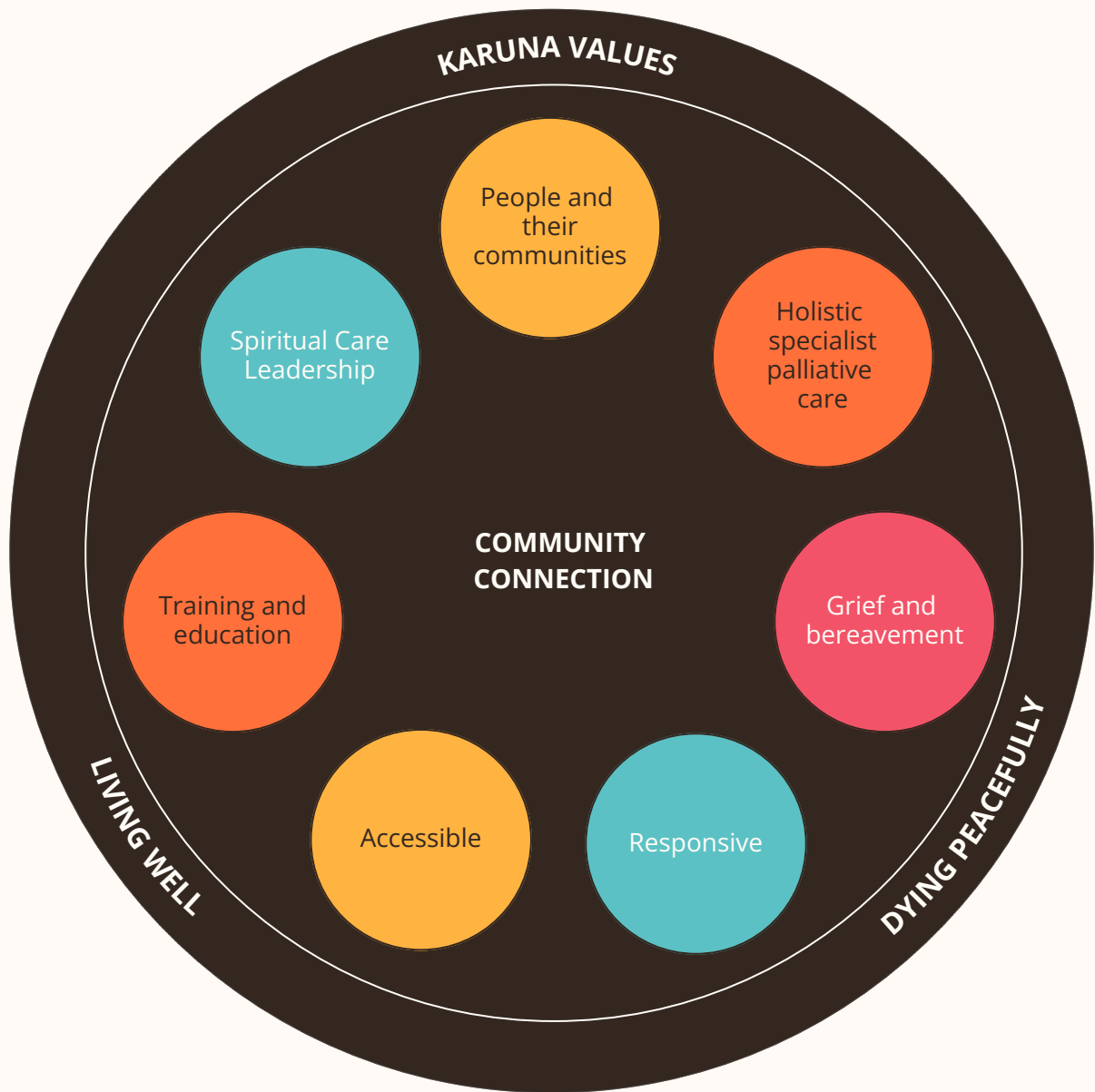
Any member of the wider Queensland community can access Karuna's specialised grief, bereavement, and spiritual care service (independent to the specialist palliative care service) to support wellbeing and peace with life; or community groups, health professionals and community organisations can access Karuna's specialised grief, bereavement and spiritual care education, training or peer support.

2 | Dying Peacefully | Specialist Palliative Care Services in the Community

People residing Brisbane north, who are directly affected by a life limiting illness can access Karuna's specialist palliative care service in their home.



Model of Care Diagram





1 | Living Well | Karuna Plus

Grief, bereavement and spiritual care

Grief and/or spiritual distress often follows a diagnosis of a life limiting or life-threatening illness/disease, whether for the person diagnosed or their family and friends. Equally, caring for someone in this situation can be a catalyst for experiencing loss, grief, and spiritual distress for a range of reasons. Sometimes, like the people we care for themselves, carers may value some emotional and spiritual support to help them build, maintain, and strengthen resilience whilst acknowledging the vulnerabilities that can come with being a carer.

Over the past 30 years, Karuna has had extensive experience with grief, bereavement, and spiritual support for the people (and their families/carers) receiving our specialist palliative care. In the new Model of Care (Beyond 2024) individuals, families and the wider community can access Karuna's grief, bereavement, and spiritual support services independent of the specialist palliative care services. We offer access to that care and support to bring wellbeing and peace of mind when it comes to life, death and dying, loss, grief and bereavement.

Service scope

Karuna's holistic approach to service delivery includes:

- Compassionate grief counselling, bereavement support and spiritual care;
- Guidance to understand of concepts such as hope, healing, and quality of life importance;
- Spiritual care in times of crisis related to death and dying;
- Buddhist focused spiritual guidance;
- Inclusive support for vulnerable populations experiencing loss: First Nations People, LGBTIQ+ and Culturally and Linguistically Diverse (CALD) communities, refugee and asylum seekers, regional and remote people;
- Access to resource materials on loss and how to access support services;
- Participation in community education and health promotion activities on loss and grief;
- Opportunities to participate in the annual Karuna memorial service;
- Activity based programs such as meditation, peer support groups.



Eligibility

Karuna Plus is accessible independently of the Karuna Specialist Palliative Care Service. Any person of the wider Queensland community can access specialised support to assist in living with grief, bereavement, spiritual distress or carer stress.

Karuna Care Team

People accessing Karuna Plus will be supported by:

- Family Support Team Leader;
- Social Workers and;
- Spiritual Care Practitioners.

Model of delivery

This support is accessible as a face to face or via a hybrid delivery model of telephone and or telehealth (video platform) and in the future, virtual remote monitoring systems.

Funding

Where possible Karuna aims to provide services at no direct out of pocket expense to the service recipient. Payment from alternative funding sources will be explored to support the sustainability of the service (Home Care Packages, NDIS, fee for service (FFS)).

Referral and availability

Self-referral for this service offering is strongly encouraged. However, a service provider or carer can make a referral on a person's behalf, with the person's prior consent via the Karuna website. Access to Karuna's experienced practitioners is available on weekdays, Monday – Friday.

Education, training and peer support

Karuna is committed to sharing knowledge and expertise, alongside understanding and acceptance of the fundamental interconnectedness of life and death within the community. This service offering builds awareness of and advocates for holistic palliative care in the wider community, whilst accepting the importance of choice for those with a life limiting illness.

Karuna will improve the community's overall spiritual and death literacy, by creating opportunities to share knowledge and raise awareness of grief, loss, spiritual care, spiritual care services and palliative care.

Service scope

- Clinical placements for undergraduate health care professionals - nursing, social work, spiritual care students;
- Clinical placements for graduate health care professionals as part of their professional development or qualifications in palliative care i.e. PEPA/IPEPA etc.;
- Mentorships for primary and community care providers i.e. GPs, home care providers etc.;
- Interdisciplinary committee representation;
- Advocacy for policy making;
- Community engagement through public presentation – death literacy, spiritual health literacy;
- Meditation sessions – in person or online;
- “What about Death?!” podcast by Venerable Tsultrim; and
- Kindness workshops.

Eligibility

Any organisation or individual that self identifies as benefiting from emotional, spiritual or specialist palliative care education, training, mentorship or expert representation.

Karuna Care Team

People accessing Karuna Plus will be supported by the entire Karuna Community Services team.

Mode of delivery

This support is also accessible via a hybrid delivery model – face to face, telephone and/or video platform as appropriate for the content.

Funding

Community engagement, representation, and advocacy is part of Karuna's strategic vision, and available at a no-cost offering where possible. Structured or recurrent education, training or mentorship agreements will be assessed on a case-by-case basis and cost will be negotiated prior to delivery.

Referral and availability

Contact can be made to Karuna directly to discuss individualised requests and discussion about the most appropriate support for that request. Services are available Monday - Friday.

2 | Dying Peacefully | Specialist Palliative Care in the Community

This component of the Model of Care is Karuna's traditional service offering - specialist, holistic, end of life care coordination. Our specialist team provides holistic end of life care coordination in the home, for the people we care for including families and carers, when facing the end of their life.

The service is delivered by a multidisciplinary team of specialist doctors, nurses and allied health professionals who aim to maximise the quality of life, prevent and relieve suffering, and provide support for patients and their families, who are living with progressive, life limiting malignant or non-malignant illness.

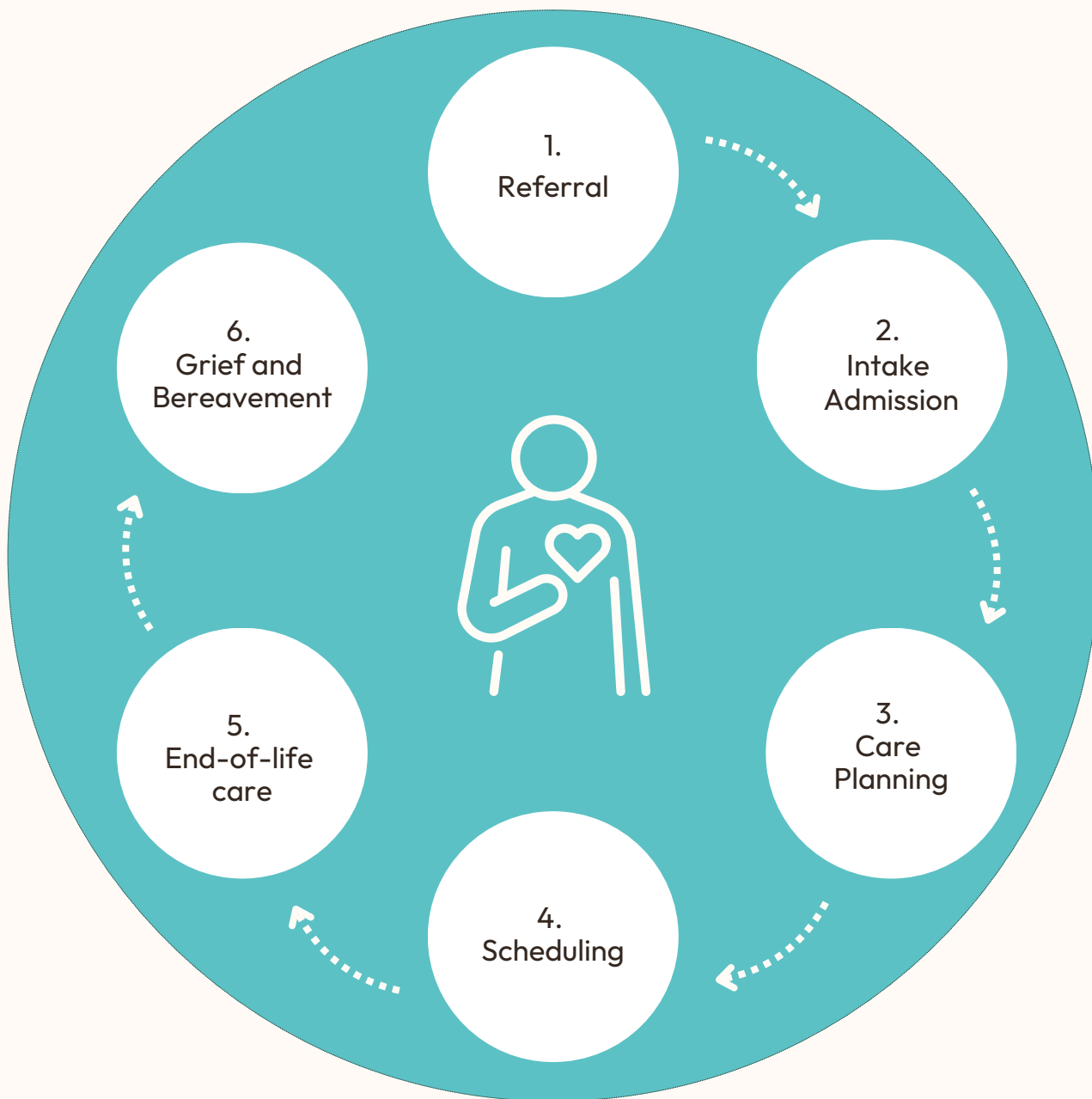
Our specialist palliative care services are best suited to people who:

- Have poor or deteriorating health because of one or multiple life limiting conditions, despite treatment and management; and
- Wish to focus on quality of life: strengthening of physical, emotional, social and spiritual wellbeing.

Service scope

- Active implementation of advance care planning including being responsive to changing wishes as a person's condition progresses;
- Support and guidance on navigation of social support systems and future planning – My Aged Care, equipment hire, NDIS, wills, estates, decision making etc;
- Management of complex pain and distressing physical symptoms;
- After-hours nursing including telephone advice and in-home support;
- On-referral to relevant professionals to support this care, as required i.e. occupational therapist, pharmacist, speech pathologist, physiotherapist etc. ;
- Education and counselling for people and their families about disease progression, symptom management and care for people living with a life-limiting illness and their families;
- Assessment and support for:
 - psychosocial care needs relating to depression, anxiety, grief and existential distress for the person living with a life-limiting illness, their family and carers.
 - psychosocial, spiritual and bereavement care needs delivered by specifically qualified staff member (specialised grief and bereavement service).
- Advice on ethical issues and potential conflicts between the person living with a life-limiting illness, their family and carers, including in situations where the person has cognitive impairments and/or has limited agency; and
- Advocacy to reduce disadvantages with social determinants of health. eg: housing, finances, legal issues.

Referral Pathway Diagram



Eligibility

Any person residing within the Brisbane central/north hospital and health service (HHS) (refer to Appendix 03 for map), with a GP or specialist doctor holding primary governance of their on-going medical support, and have consented to a referral to Karuna for in-home support.

Karuna Care Team

People can access a combination of medical, nursing, intake care coordinators, social work, spiritual care practitioners and administration experts. Karuna's medical governance operates under a Consultation Liaison model. (refer to Appendix 02)

Model of delivery

Karuna offers services to people in their place of choice, typically their home. This support is accessible via a hybrid delivery model – face to face, telephone and or telehealth; and in the future, virtual remote monitoring systems.

Funding

Residents of the Brisbane metro north catchment area receive this care at no cost to them. If the person resides outside of this catchment, they still may be able to receive Karuna in-home palliative care support however there may be a fee involved.

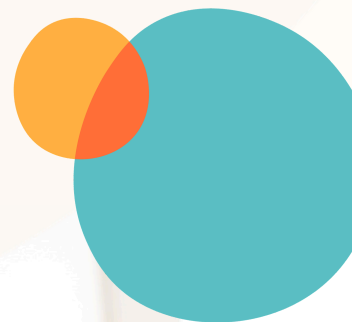
Payment from alternative funding sources will be explored to support the sustainability of the service (i.e. Home Care Packages, NDIS, fee for service - bulk billing or contract FFS etc.).

Referral and availability

Referrals for specialist palliative care are required to be made by a person's General Practitioner or Medical Specialist.

- Karuna can support people seven days a week, 24 hours a day in their homes, depending on the delivery mode. Nursing staff are available for face to face, telephone and telehealth consultation seven days a week;
- the medical officer is available for the same requirements as above on a part time basis on weekdays.

Our grief and bereavement experts, social work and spiritual care practitioner/s are available for face to face, telephone and telehealth consultation on weekdays.



Quality, Safety and Evaluation

Karuna prioritises delivering safe and quality care for all the people we support. Quality care can be defined in many ways but there is international acknowledgement that quality health services should be:

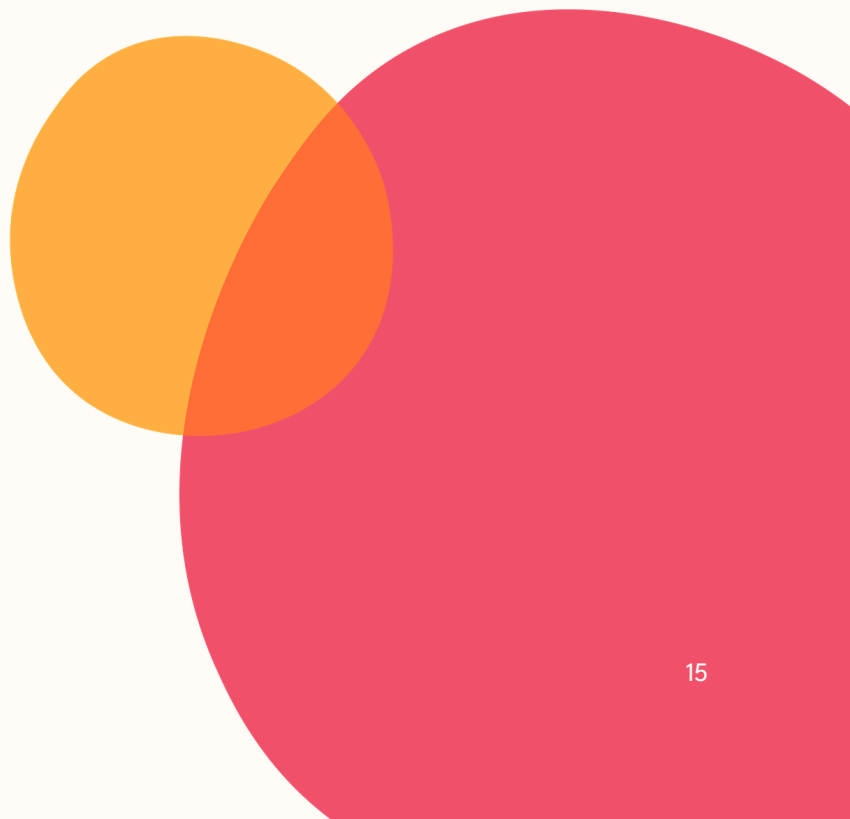
- Effective: providing evidence-based healthcare services to those who need them;
- Safe: avoiding harm to people for whom the care is intended; and
- People-centred: providing care that responds to individual preferences, needs and values. (WHO accessed 2024)

The World Health Organisation (WHO) states that to realise the benefits of quality health care, health services must be:

- Timely: reduce waiting times and sometimes harmful delays;
- Equitable: providing care that does not vary in quality on account of gender, ethnicity, geographic location, and socio-economic status;
- Integrated: providing care that makes available the full range of health services throughout the life course;
- Efficient: maximizing the benefit of available resources and avoiding waste. (WHO accessed 2024)

The Model of Care (Beyond 2024) is the road map for Karuna to implement our service in a safe and quality manner; to guide key processes and employees of the organisation so that together, with engagement and empowerment from the community we serve, we can aim for continual quality improvement of our services.

Karuna acknowledges that relevant national and local standards, frameworks and communities of practice are invaluable in maintaining our strong service foundations, and setting an example of what 'quality and safety' looks like. National accreditation and participation in the Palliative Care Outcomes Collaboration (PCOC) allows Karuna to measure and monitor the quality and safety of our service delivery against external benchmarks to drive improvement.



To this end, Karuna aligns our practice to the following accreditation and quality frameworks:

- Accreditation: National Safety and Quality Primary and Community Healthcare Standards
- National Palliative Care Standards: 5th Edition 2018
- Spiritual Care Australia Standards of Practice: 2013
- National Model for Spiritual Care in Health: 2023
- Consensus Statement on Standards of Practice for Specialist Bereavement Services in NSW
- Palliative End of Life Care Social Work Standards 2020
- Palliative Care Outcomes Collaboration (PCOC)
- PCOC Palliative Care and End-of-Life Capability Framework Version 3.1 2020
- Palliative and End of Life Care Strategy: 2022 Australian Health Practitioner Regulation Agency
- Palliative Care Service Development Guidelines JANUARY 2018 – Palliative Care Australia

Internally Karuna has a robust governance structure that is integrated with routine monitoring of activity, risk, and process to enable visibility of quality, safety and outcomes of the service we provide:

- Governing Board, Constitution and Charter
- Strategic Plan
- Risk Management Framework
- Document Library for Frameworks, Policies, Procedures and Guidelines
- Delegation Authority Schedule
- Finance, Audit and Investment Committee
- Clinical Governance Committee
- Internal Audit
- Evaluation

Formal evaluation as to the effect of the Model of Care (Beyond 2024) will be undertaken at 12 month intervals.

A combination of qualitative and quantitative data will inform Karuna's:

- Strengths and weaknesses;
- analysis of intended objectives been achieved; and
- effects and broader impacts on the community.

“When people are overwhelmed by illness we must give them physical relief, but it is equally important to encourage the spirit through a constant show of love and compassion.”

His Holiness The Dalai Lama, 2006

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Appendices

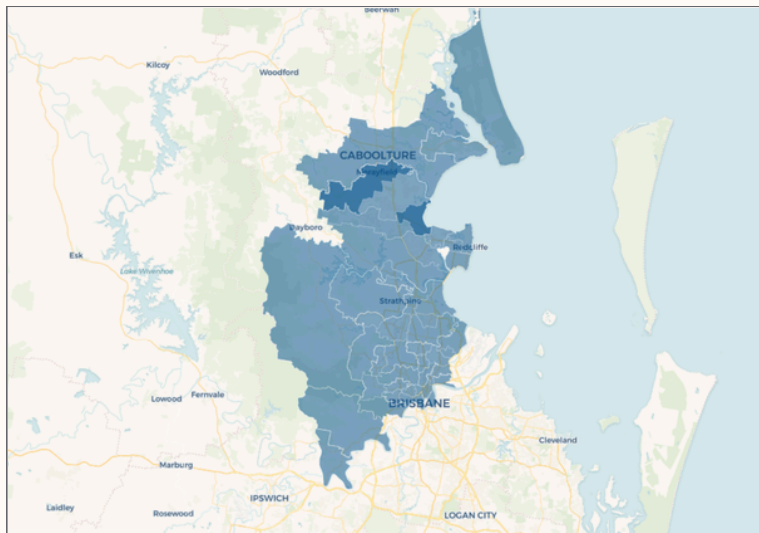
Appendix 01

Medical Governance: see Karuna website

<https://karuna.org.au/patients-families/nursing-medical-support>

Appendix 02

Karuna 'Specialist Palliative Care in the Community' Catchment Area Map



The above map details the service delivery area for 02 | Dying Peacefully | Specialist Palliative Care in the Community.



Strategic Plan 2024 – 2027

Karuna’s 2024–2027 Strategic Plan reflects a bold shift from operational delivery to a values-led vision shaped by innovation, inclusion and long-term impact. Grounded in humility, guided by kindness and respect, and carried forward with courage, this plan sharpens our purpose and strengthens our commitment to compassionate leadership.

It supports all people, including those who are dying, grieving or caring, on a path toward peace within. When communities are supported to approach death with clarity and confidence, they become better equipped to care, to connect and to heal; individually and collectively.

VISION

A world where people with life limiting illness live well and die peacefully.

PURPOSE

Supporting people affected by life limiting illness to receive person-centred care in their place of choice.

VALUE PROPOSITION

Person-centric service model that delivers choice, independence and quality of life when faced with a life limiting illness, guided by Buddhist principles.

VALUES

How we think: Humility. How we act: Kindness. How we relate: Respect. How we find meaning: Courage.

FIVE PILLARS



1. GROWTH AND SUSTAINABILITY

We are shaping a future where compassionate care reaches further. We will grow in reach, capability and maturity while deepening our impact through innovation, collaboration and considered investment. We will evolve with humility and care, ensuring our growth remains sustainable for our people, our environment and the communities we serve.



2. INNOVATION AND TECHNOLOGY

We will harness technology and innovation to extend our care. Using data, curiosity, and a deep understanding of community needs, we will evolve our systems and shape decisions that reflect both clarity and compassion.



3. PEOPLE AND CULTURE

We will live our values through a culture of belonging and inclusion. Every person will be respected, empowered to lead with courage and supported in an environment where kindness, diversity and human connection are actively nurtured.



4. CORPORATE SYSTEMS, QUALITY AND GOVERNANCE

We will uphold excellence and safety through strong systems, ethical governance and a commitment to quality. We honour the trust placed in us through transparency, accountability and the courage to act with integrity, ensuring every decision is grounded in compassion.



5. BRAND BUILDING AND COMMUNITY ENGAGEMENT

We will strengthen our identity as a trusted and authentic leader. Through humility in our message, sincerity in our relationships and kindness in our actions, we will amplify our voice and deepen community connections that bring our vision to life.





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