

## Anglicare At Home – Eurobodalla



Home Care

Eurobodalla, New South Wales

## Linkage Strategies Used:



Anglicare At Home provides home based care and palliative care to communities in the Eurobodalla region. Provision of the home based service is underpinned by Anglicare's focus on personcentred care as the foundation of quality aged care. Eurobodalla has a large retirement community and many clients do not have family members living nearby.

Prior to the commencement of the ELDAC Working Together program, the Anglicare At Home team provided palliative care and guidance for clients but were often unclear about referral pathways for additional support. In recognising the need for a specialist palliative care skillset to deliver an integrated care model, the Anglicare team connected with the ELDAC Working Together program.

*"I felt that locally I didn't know who to turn to for guidance and support when caring for our palliative clients.* 

I couldn't provide the specialised palliative care that I felt our clients should be receiving, as I wasn't aware of all the services available and particularly the contacts to access them when needed.

Now the level of specialist care we are able to provide makes me feel at ease and the new relationships we have established are fantastic. Our clients are receiving the specialist palliative care, and I am supported to care for them and their families."

The ELDAC Working Together program connected Anglicare At Home with other services to foster healthcare network connectivity in the Eurobodalla region. The ELDAC facilitator supported meetings that brought key stakeholders together to clarify roles and develop care pathways involving palliative care specialists. Anglicare At Home also developed relationships with the palliative care team at the local health service providing staff with access to expert advice, resources and education.

"Prior to ELDAC, we did what we thought we could do but needed support. ELDAC helped provide both a pathway and direction so we could identify the problems and rectify them."

## **Benefits**

- Increased support and expert guidance from palliative care specialists.
- Case conferencing enabled staff to develop new skills and expand their palliative care knowledge.
- Increased staff confidence in managing palliative care.

## "makes me feel at ease"

I first met Bruce\* when I was attending to his wife's wound care prior to her passing in a residential facility.

I remember how distressed Bruce was at losing his beloved wife, and he was very distressed that she died in a facility and not at home surrounded by her loved ones.

Several months after Bruce's wife passed away, he was diagnosed with bowel cancer. The decision to surgically remove the tumour was difficult because Bruce was in his 90s. However, eventually the tumour blocked Bruce's bowel and he was given the surgery then sent home with a colostomy bag. Further investigations revealed Bruce's cancer had spread to other organs and he would require palliative care.

His son agreed to care for his dad at home as Bruce was adamant that he would not be going to a nursing home. Bruce's son was apprehensive about caring for his father but he didn't want his dad to spend his days in a nursing home.

As Bruce began to deteriorate, we arranged to have several home visits with the Palliative Care Specialist Team. Prior to participating in the ELDAC Working Together program, I would have done the best I could to manage Bruce's symptoms. I also didn't realise that the palliative care specialist team existed or how they could help both the client and myself.



With ongoing support, Bruce outlived the predicted three to four weeks of life, and lived at home for another three months. During this time, Bruce always greeted me with a big smile and would tell me he was, "Great, thanks sweetheart." He enjoyed the occasional beer and roast dinner on the days he was feeling brighter. He also spent invaluable time with his children, grandchildren and friends.

Bruce's son found the palliative care support invaluable. The specialist team and my support over the phone or in the house gave him the confidence to care for his dad. The last couple of months of Bruce's life were a beautiful time of father and son bonding.

Bruce's son used his father's Ambulance Care Plan several times in the last week of Bruce's life. On the last night, Bruce became agitated and delirious, and tried to climb out of bed. He was taken to hospital and passed away peacefully 11 hours later.

I truly believe that Bruce had a "good" death. He spent his dying days surrounded by loved ones and with quality care and support. Through the ELDAC Working Together program, pathways and relationships were formed which definitely improved the quality of care that Bruce and his son received.

\*Names have been changed to maintain confidentiality.

Shannon Bill, Anglicare At Home RN