

Greenhill Manor



Residential Aged Care



Wollongong, New South Wales

Goal

To enhance the understanding of palliative care services to better support our residents and their respective families.

Highlights

- Upskilled care teams with new education and knowledge on palliative approach
- Built confidence in new Graduate RNs
- Strengthened communication and emotional support to resident and their families
- Provided access to new evidence-based resources
- Expertly guided by the ELDAC Linkages facilitator

Greenhill Manor, in Figtree near Wollongong, is a 98-bed community with a 21-bed Memory Support Unit. It is dedicated to advancing its understanding of palliative care to better support both residents and their families. The facility encourages residents to take an active role in their ongoing care, including assessments and care planning, to ensure that each resident's unique needs and preferences are reflected in their care.

Recognising that palliative care is often seen as a sensitive subject, the facility identified a need to deepen staff engagement and training. Many residents were initially hesitant to discuss end of life care, and while the staff were committed, some felt uncertain or uncomfortable initiating these conversations. Limited awareness of support services and a lack of confidence in discussing sensitive topics had, at times, led to incomplete advance care plans, leaving families with uncertainties about next steps in critical moments.

With support through the ELDAC Linkages program, the facility has transformed its care, overcoming the challenges it faced. ELDAC resources empowered staff to approach palliative care conversations with confidence, advocating for residents' preferences and providing valuable information to both residents and families. The ELDAC collaboration introduced new resources, allowing staff to share literature, facilitate one-onone discussions, and respectfully listen to residents' wishes. This open communication has not only supported a better understanding of palliative care but also minimised unnecessary hospital transfers by enabling end of life care to be delivered effectively within the facility. The local specialist palliative care service was also a great support to the service and during this time stronger connections were achieved.

Today, the staff are prepared to guide residents and their families through end of life decisions with both practical support and empathy.

Enrolment in the ELDAC Linkages program has provided the tools and confidence needed to ensure residents' care remains compassionate, supportive, and fully aligned with their values at each stage of their journey.

Key outcomes

- Improved capacity of care and clinical staff to recognise, implement through assessments and deliver personalised care to residents
- Strengthened the attentiveness to comfort ensuring the resident is our priority, while encouraging loved one's involvement and support for inclusiveness
- Improved support from afterhours palliative care service team
- Improved support to new RNs to understand care need of residents and their palliative journey

"The benefits of the ELDAC Linkages program have enabled our care and clinical staff to better recognise, implement through assessments and deliver personalised care to our residents."

"Residents and families are now better informed of palliative care and our staff have a wide range of materials to obtain information to support communication."

"The outcomes of the ELDAC Linkages program have strengthened the attentiveness to comfort cares ensuring the resident is our priority, while encouraging loved ones involvement and support for inclusiveness."

A manager's reflection

During the admission process, it can be difficult to have 'the talk' about death and dying, which also includes advance care planning. Often, we hear comments 'we are not ready for that conversation', or 'we will discuss this after Mum/Dad pass away'. During the involvement with ELDAC, staff had been resourcing information about palliative care and ways to approach the topic which had significant positive results. Where a family would not be at that time ready to talk about it, staff would remind them we can reapproach this after the settling in period of the resident to the facility.

It was found that residents and families showed a keen interest in wanting to know more about their care and what was possible with the understanding that transferring to hospital is not necessarily required and that most often a resident can stay in our facility rather than transferring to hospital for care.

Families have been thankful for the information now provided and gives a clearer understanding. This has prompted discussions between the resident and families to understand the wishes of the resident, while ensuring that families and staff are all acting on the wishes of the resident.

A beautiful resident who had lived at Greenhill for 6 years died recently. It was well documented in her ACD that her wish was not for hospital transfer and to be 'cared for in the home by our beautiful staff'. At the time of passing, all the family gathered and were actively involved in after death care. When the funeral directors attended, the family and staff walked behind the resident, formed a guard of honour to the waiting hearse. The resident departed Greenhill Manor accompanied by staff who had cared for her over the many years. Her daughter's comments arrived to us a few days later, 'Absolutely beautiful, caring and a reflection of the respect given to my Mum and family. Actions that will be cherished for years to come'.

