St Paul's Aged Care Lutheran Services

Residential Aged Care

Caboolture, Queensland

Linkage Strategies Used:

- Role Clarification
- Written and Verbal Communication Pathways
- Designated Linkage Workers
- Knowledge Exchange and Upskilling

St Paul's Aged Care Lutheran Services provides personalised aged care services focused on individual wellbeing and enriched quality of life. The Caboolture facility includes high-quality dementia care, medication support and palliative care services with dedicated 24-hour nursing staff and aged care specialists. Residents enjoy living in a country environment and spend quality time with their families in gardens and outdoor areas.

Prior to the ELDAC Working Together program it was difficult for the St Paul's team to navigate external referrals and to know who supported specialist palliative care services within the local area. Further training and access to resources regarding referral pathways would also enable staff to act earlier in the palliative care process.

Enriching the linkages with the local hospital and health services, St Paul's worked with the dedicated ELDAC facilitator to form mutually-beneficial relationships with the local health services palliative and residential aged care team. These foundations provided staff with access to valuable advance care planning resources and specialist training to facilitate discussions with residents and families.

As a direct result of the services participation in the ELDAC Working Together program, St Paul's now has a robust advance care plan process embedded into its administrative processes.

Additionally, service mapping helped St Pauls develop new palliative care procedures with clear referral pathways. These ensure staff know who to call when assistance is needed. This is supported with a new linkage worker role which focuses on palliative care policy, procedures and education, and supports champions within the facility.

Benefits

- Strong working relationships have been developed.
- Staff receive expert advice and support from the local hospital referral team service.
- Registered Nurses have been upskilled with clinical skills education.
- Resources and training have improved conversations between staff, residents and their families regarding end-of-life care.
- Clear referral pathways have been developed and staff have access valuable resources and tools.

Our ELDAC facilitator has been extremely supportive and encouraging. She is a driving force in keeping us on-task and motivated.

"*guidance* and *support* for staff"

ELDAC helped us create clear palliative care pathways and provided increased comfort for residents and their families. If a resident deteriorates after-hours, our staff work with the palliative care Nurse Practitioner who reviews the patient's needs, prescribes medications and talks to the family. The local health services dedicated palliative and residential aged care team also liaises with the General Practitioner (GP) and our staff until business hours when the GP takes over. The support and care from the multidisciplinary team is exceptional.

Initiating early conversations with residents regarding advance care planning has provided relief and comfort for families during end-of-life care.