



Rangeview Private Nursing Home



Residential Aged Care



Wangaratta,
Victoria

Linkage Strategies Used:

Written and Verbal Communication Pathways



Multidisciplinary Team Structures and Processes



Knowledge Exchange and Upskilling



Continuous Quality Improvement



Rangeview Private Nursing Home is a private, residential aged care facility providing respite services in the largely farming district of Wangaratta. Rangeview is one of three facilities participating in the ELDAC Working Together program in Wangaratta providing a combination of both high and low needs care. Resident-centred care and a holistic approach underpins the service offerings.

“We knew acute or hospital facilities were generally not the ideal setting for our elderly residents who had a preference to stay in a familiar environment and maintain their routines. However, without documenting their wishes early and well, we were unable to support their care at a critical time.”

The ELDAC Working Together program provided the tools and framework to establish the ELDAC Focus Group, form links with local, specialised palliative care providers and, equipped staff with the skills and knowledge to ask for help. Staff are also now confident in discussing and consulting, with both residents and their families, on end-of-life choices which has decreased unnecessary acute setting admissions.

“Our staff are now able to talk about death like it is another part of life which has helped promote the importance of planning. Staff conversations are openly supported by ELDAC tools.”

Benefits

- Provided the tools and framework to establish a multi-disciplinary ELDAC Focus Group.
- Established contact with specialised palliative care services at the local hospital.
- Equipped staff with the skills and knowledge.
- Provided staff with the confidence to consult with the resident, their medical decision-maker, family, GP and nursing staff regarding their end-of-life wishes.
- Decreased unnecessary admissions to acute setting.
- Ensured residents choices are being enacted.
- Increased understanding of the palliative care provision for all staff, residents and families.
- Provided ongoing education opportunities including resources, workshops and short courses in palliative care and end-of-life care.



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Franks Story

Frank*, an 89-year-old male resident was in our facility for 4-5 years. Initially he required supervision only with his daily living activities. Our staff used different tools to detect changes as his condition was declining. Frank was of sound mind so we started conversations early on advance care planning and the importance of documenting his wishes.

Frank's family were his priority, his daughters were very close to their dad. Through many conversations we discussed comfort management and acute interventions. Frank decided he would rather stay at Rangeview with a palliative approach and comfort care with his family with him. We had a series of discussions to introduce the palliative approach to the family members to provide reassurance and transparency.

As the family were very close, we identified they would need grief counselling and were able to link into our local palliative care service in advance through our partnership. With the advance care directive complete, we were all on the same page. We were able to refer Frank to the specialised palliative care team for symptom management given an increasing shortness of breath and his sensitivity to morphine. This provided Frank and his

family with relief and an inspired confidence that his pain would be well managed.

The ELDAC Working Together program equipped our staff with the tools to ensure Frank had a good death. Planning ahead enabled the difficult questions to be addressed early. We worked together with his family to create a peaceful environment. Frank's final day was just as he wished it to be. He was nursed in his room and his wishes were respected. Frank chose how he wanted to live his life until the very end and he passed peacefully with his family by his side.

At Rangeview Private Nursing Home our staff often become attached to our residents, they become part of our family. We also provide spiritual care and debriefing for our staff after a resident death - We as staff often felt like we had also lost a "family member".

To be involved with a resident's end stage of life is an honour and a privilege. This is such an emotional and private time for the resident and their loved ones. To be invited to care for them is humbling. Over the years I have had the privilege of guiding many residents, families, and staff through this emotional occasion.

*Names have been changed to maintain confidentiality.

Yvonne Richards, RN Div. 1