Woods Point Aged Care

Residential Aged Care

Yarrawonga, Victoria

Linkage Strategies Used:

- Role Clarification
- Written and Verbal Communication Pathways
- Multidisciplinary Team Structures and Processes
- Knowledge Exchange and Upskilling
- Continuous Quality Improvement

Woods Point Aged Care provides residential care for people in the rural community of Yarrawonga, Victoria. The state-of-the-art facility offers a wide range of services including low, high and respite care to meet the changing needs of elderly and retired people.

The facility had identified gaps in the continuity of care for residents at end-of-life and a lack of inhouse capacity and staff training. Registered Nurses (RNs) require upskilling to enable them to confidently initiate conversations with residents and their families about palliative care. Additionally, previous training did not include the policies and information staff needed to continue discussions with residents, their representatives or medical staff once they entered a palliative care pathway.

The ELDAC Working Together program helped Woods Point Aged Care develop collaborative and mutually-beneficial partnerships with local palliative care service providers and clinical specialists. This has built trust and created greater understanding of staff roles and abilities.

Further education and upskilling have also increased inhouse knowledge and confidence about palliative care and referral pathways. Team members now initiate early, open and transparent conversations with residents and their representatives to develop advance care plans. Resources from the ELDAC Toolkits are used to provide information and support to families while having these conversations.

The introduction of the end-of-life care pathway as a result of training and support provided by Karen Richards (West Hume Aged and Disability Palliative Care Resource Nurse, Seymour Health) and Annette Cudmore (Palliative Care Clinical Nurse Consultant, Goulburn Region Palliative Care Consultancy Service) has empowered staff to take appropriate steps when a resident deteriorates quickly.

Local palliative care consultants also attend regular review meetings to discuss individual residents and provide additional support.

Specialist palliative care providers have acknowledged the complexity of cases managed by team members and praised the quality of care delivered to residents at the end-of-life. This is the result of a coordinated approach to care within the facility and collaborative partnerships with external service providers.

"The ELDAC Working Together program has greatly benefited Woods Point Aged Care in terms of skill enhancement and improved coordination of care."

Benefits

- RNs have improved assessment skills and increased confidence when managing palliative care.
- Staff feel empowered to discuss care with General Practitioners (GPs) and specialists and ensure it is managed appropriately.
- Unnecessary treatment and transfers to hospital have been reduced.
- Improved communication and connections with palliative care services.
- Improvement in the management of palliative care residents through the implementation of end-of-life pathway.
- Improvement in results of After Death Audits.
- Referral pathways are clearly defined and used when support is required.

> *"The ELDAC facilitator's backing and background gave validity for what we were trying to achieve, particularly when we were dealing with the local hospital. She facilitated the improved relationship with the hospital, playing a vital role in establishing these partnerships."*

The ELDAC Working Together program has increased our team's sense of confidence and the continuity of care within our organisation. This has provided significant benefits for our residents. Conversations about end-of-life care are open and transparent, and our staff feel confident to start palliative conversations early to support residents.

This was demonstrated in a recent case involving a elderly resident called Anne*.

Anne required palliative care but her daughter wanted full and active treatment for her mother. However, Anne did not want this and, as she was of sound cognition, she was able to make her own choices. The staff were amazing in having conversations with the daughter and responding to her requests. For example, the daughter asked for speech referrals and our care staff responded with the question, "What does Anne want?" The staff would never have done this 12 months ago, so it is quite extraordinary.

In this instance, it was very much about Anne's wishes rather than her daughter's requests. The staff were confident they knew what they were doing, and had the support of the Registered Nurses and management. This meant they could confidently manage Anne's care per her wishes.

*Names have been changed to maintain confidentiality.

Director of Nursing