



Manjimup Home and Community Care



Home Care



Manjimup,
Western Australia

Linkage Strategies Used:

Role Clarification



Written and Verbal Communication Pathways



Multidisciplinary Team Structures and Processes



Formalised Agreements and Plans



Designated Linkage Workers



Knowledge Exchange and Upskilling



Continuous Quality Improvement



Manjimup Home and Community Care (MHCC) provides support services to enable consumers to live independently in their own home and remain connected to their community. Located in the South West of Western Australia, Manjimup Home and Community Care provides aged care support services to over 500 people in the shires of Manjimup and Bridgetown, as well as disability support via NDIS for individuals under the age of 65.

Manjimup is a rural town 130KM south of the South West regional centre of Bunbury and as a result, MHCC faced challenges in forming strong connections with other health care providers to support palliative care communication and referral pathways.

The ELDAC Working Together program and assistance from the ELDAC facilitator has improved key network relationships, helped us develop best practice guides and facilitate training opportunities. This assistance has markedly improved the continuity of care for consumers and our staff capability in dealing with end-of-life care.

“Our ELDAC facilitator guided and facilitated the team through the project implementation and her support was invaluable. Regular email, phone, video conferences and an in person visit (from Queensland) helped keep us on track, meet our goals and identify any service gaps.”

With the support of the ELDAC Working Together program and dedicated facilitator, MHCC have developed a training program facilitated by our Registered Nurses for support workers. The training program provides staff with the opportunity to attend a palliative care workshop, complete a certificate IV palliative care unit, participate in supervised placements and access to ELDAC support materials to enhance their care skills in the palliative care domain.

“This level of support, the facilitator’s active encouragement and ability to connect us with other organisations has been a big key to our success – particularly in connecting with a regional network of service providers and in accessing training opportunities.”

Benefits

- Fostered connectivity between key stakeholders.
- Current quality improvement practices were enhanced.
- An awareness of the delineation of roles.
- Easy access to in-person and electronic training resources.
- Development of effective key networks locally and regionally.
- The identification and then development of policies / procedures relevant to ensure best practice guides service delivery in terms of end-of-life and palliative care.
- The development of a dedicated handover / transfer form for use by the key stakeholders achieved with consultation by all parties.

“Working together with local palliative care services provides our consumers with strengthened palliative care options.”

Liz Lockyear, Manager



“in-person and electronic training resources”

Support Worker feedback

Having recently completed my Palliative Care training, I now feel that I have the skills and confidence to provide care for people in their last days of life.

The ELDAC training has helped develop my communication skills when talking with individuals who are in a palliative stage and their families. I now understand more about a health care plan and directive and, this helps me to both know and be able to help facilitate the wishes of the individual. I am also more confident in being able to recognise the changes in a person's health condition, can readily document these changes and know who to pass these observations on to.

Being able to understand what the palliative care hospital team do and how other allied health professionals are involved in a person's care helps me understand how valuable my role is in the provision of support for someone who is palliative and how I fit into the health team.

I'm confident that I can provide respite support for consumers, at our facility or in the home, which allows their carer to have a break and means that the consumer doesn't have to be admitted to hospital. I have supported a number of consumers who stated they did not want to go to a hospital. Previously respite at the hospital or in a nursing home was their only option. By working together with the palliative care service, we have been able to support nine palliative care patients to die at home – which was according to their wishes.

Jayne Smith, Support Worker