ELDAC

End of Life Directions for Aged Care

ELDAC Linkages Program Case Stories

Building capacity and capability in the provision of quality palliative care across aged care services for all older Australians.

Acknowledgement of Country

ELDAC acknowledges the Traditional Custodians of the many ancestral lands and waters throughout Australia. We recognise the knowledge, strength, and resilience of Aboriginal and Torres Strait Islander Peoples, and their continuing spiritual and cultural connections to land, water and community. ELDAC pays respect to Elders past, present and emerging.

WARNING: Aboriginal and Torres Strait Islander peoples are warned content and photographs within this publication may contain images or names of deceased persons.

Disclaimer

This resource was produced by the ELDAC Linkages program (formerly known as the Working Together program), which sits within the ELDAC project. While every attempt has been made to ensure the accuracy of the information at time of printing, ELDAC disclaims any and all liability for any errors in or omissions from the information in this publication.

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About ELDAC

Palliative care is a national health priority. To enable the delivery of quality palliative care for all older Australians, the Australian Government Department of Health and Aged Care established the End of Life Directions for Aged Care (ELDAC) project in 2017. ELDAC provides aged care providers and older Australians with information, advice and practical support to enable access to high quality palliative care and advance care planning services.

One key component of ELDAC is a program of activities designed to build linkages between service providers in specialist palliative care services, primary care and the aged care sector: the ELDAC Linkages program, formerly known as the Working Together program. Building such partnerships ensures we optimise the capacity of services to provide the best possible care at end of life in a timely way. This care addresses the unique needs for all in our community, including people from culturally and linguistically diverse backgrounds, Aboriginal and Torres Strait Islander people and lesbian, gay, bisexual, transgender and intersex groups. This booklet provides an overview of the activities undertaken by services participating in this important linkage component of the ELDAC project. The stories presented in this booklet illustrate the wide-ranging goals, activities and outcomes achieved by the participating services. They demonstrate how services have used practical and sustainable strategies to improve the quality of care provided to older people in residential and community settings who are nearing the end of life.

ELDAC is delivered by a national consortium of seven partner organisations:

- Queensland University of Technology (QUT)
- Flinders University of South Australia (FUSA)
- University of Technology Sydney (UTS)
- Palliative Care Australia (PCA)
- Ageing Australia
- Australian Healthcare and Hospitals Association (AHHA) and
- Catholic Health Australia (CHA)

Participating Services

Queensland

- Anglicare Southern Queensland
  - Home & Community Services Brisbane North Region, Stafford
  - St Martin's Residential Aged Care, Taigum
  - Symes Grove Residential Aged Care, Taigum
- BallyCara Residential Aged Care, Scarborough
- BallyCara Home Care – Moreton Bay Region, Scarborough
- CÜRA, Ashmore
- Footprints Community, Fortitude Valley
- McLean Care
  - CWA House, Oakey
  - Yallambee, Millmerran
- Mercy Health Home Care, Cairns
- Nanyima Aged Care, Mirani
- Norfolk Island Health and Residential Aged Care Services, Norfolk Island
- Regis Caboolture, Caboolture
- St Vincents's Aged Care Kangaroo Point, Kangaroo Point
- St Vincents's Aged Care Toowoomba, Toowoomba
- Sundale
  - Bowder Care Centre, Nambour
  - In home Care, Nambour
  - Palmwoods Care Centre, Palmwoods
  - Rod Voller Care Centre, Burnside

New South Wales

- Bolton Clarke (formerly Allity) Beechwood Revesby
- Banksia Lodge, Broulee
- BaptistCare at Home Central Coast, Morisset
- BaptistCare at Home North Sydney, Macquarie Park
- BaptistCare Residential Aged Care
  - Bethshan Gardens Aged Care Home, Wyee
  - Warabrook Centre Aged Care Home, Warabrook
- BCR Communities Home Care Service, Sanctuary Point
- Calvary St Francis, Eleebana
- Co.As.It. NSW - Italian Association of Assistance, Leichhardt
- Greenhill Manor, Figtree
- Hillside at Figtree, Figtree
- Illawarra Diggers Aged & Community Care, Corrimal
- Intereach, Corowa
- Kirinari Community Service, Lavington
- Mark Moran, Little Bay
- NovaCare, Carrington
- St Joseph's Nursing Home, Lismore
- St Vincents's Care Services, Bronte
- TransCare, Scone
- Uniting Tamworth, Tamworth
- Windermere Aged Care Facility, Summer Hill

Victoria

- Castlemaine Health Residential Aged Care, Castlemaine
- Dorothy Impey Home, Pascoe Vale South
- Fronditha Care Clayton, Clayton South
- Intereach, Echuca
- Eden Park by Luson, Whittington
- Mayflower Brighton, Brighton East
- Mercy Health Home Care Geelong, Geelong West
- Mercy Health Home Care Northwest Hub, Parkville
- Mercy Health Residential Aged care
  - Mercy Place Colac, Colac
  - Mercy Place Parkville, Parkville
  - Mercy Place Warrnambool, Warrnambool
- Regis Fawkner, Fawkner
- Regis Macleod, Macleod
- Royal Freemasons Footscray, Footscray
- Royal Freemasons Gregory Lodge, Flemington
- United - Spanish Latin American Welfare Centre Inc, Maidstone
- Westmont Aged Care Services, Baranduda

Tasmania

- Corumbene Community Services, New Norfolk
- Corumbene Residential Care, New Norfolk
- MayShaw Health Centre, Swansea
- Queen Victoria Care, Lindisfarne
- Respect St Ann's, Hobart
- The Rivulet, South Hobart
- Uniting AgeWell Home Care Tasmania North, Launceston

South Australia

- Bolton Clarke (formerly Allity) Walkerville, Walkerville
- Bene Aged Care Services, St Agnes
- ECH, Parkside
- Uniting SA Hawksbury Gardens Aged Care, Salisbury North
- Helping Hand Home Care Services, Salisbury South
- Uniting Communities Murray Mudge Aged Care, Glenelg
- Pennwood Aged Care Services, Pennington
- Uniting Communities Home Care Services, Adelaide

Western Australia

- Geegeelup Aged Care Facility, Bridgetown
- Mercy Place Mandurah Residential Aged Care, Mandurah
- Regis Bunbury, Bunbury

Australian Capital Territory

- Goodwin Home Care, Farrer
- RFBI Holt Masonic Village, Holt
- St Andrews Village, Hughes

Northern Territory

- Australian Regional & Remote Community Services (ARRCS)
  - Juninga Centre Aged Care Facility, Coconut Grove
  - Rocky Ridge Nursing Home, Katherine
  - Terrace Gardens Aged Care Facility, Farrar

All participating services are to be congratulated for their commendable efforts to strengthen their provision of quality palliative care. This publication includes a collection of some service case stories highlighting their successes.

Case Stories from the ELDAC *Linkages* program.

"We realised we needed to have a consolidated approach. We were making improvements in isolation and the ELDAC Linkages program has given us the opportunity to review and navigate our service landscape, to scope it out and use a fresh start to look at where we needed to go next."

ECH

"We have reinvigorated and reenergised our palliative care approach, becoming more structured and holistic. Our passion for palliative care flows top down at our service and ELDAC has improved the quality or residents' care at end of life. We have increased interest in palliative approach across all staff within our community."

Queen Victoria Care

"The ELDAC Project has made a real difference in the lives of our residents. The learnings that we have received have made it possible for us to provide our residents with a higher quality of end of life care. The project has also helped to improve the morale of our staff and we are all grateful for the opportunity to learn new skills and techniques."

Sundale Bowder

"Our RNs are now confident in recognising and managing deterioration in residents. Thanks to the ELDAC Linkages program, the registered nurses and clinical staff have gained confidence in identifying and managing deterioration in our residents."

St Joseph's Lismore

"Being part of the ELDAC Linkages program has taught us so much as an organisation and given us so many resources and tools to further improve our service delivery and knowledge of end of life planning and advance care planning."

TransCare Hunter Ltd

"Our Korean specific facility has grown through participating in the ELDAC Linkages program – we have broken down our cultural barriers when discussing advance care planning and managing end of life symptoms within our cultural context."

Windermere Aged Care Facility

Mercy Health Home Care

Home Care

Queensland
Cairns

Victoria
North West Melbourne
Geelong

Goal

To empower staff, foster confidence in their roles and skills development, and promote a proactive approach to palliative care.

Highlights

- Increased staff confidence in providing care in the end stages of life, with life-affirming results
- Improved links to external palliative care services
- Developed internal professional connections to provide effective end of life care
- Improved knowledge of local cross sector services
- Worked alongside and supported by the ELDAC Linkages facilitators throughout the program

Mercy Health Home Care is dedicated to enhancing the quality of life for all clients and providing support to their caregivers. Across Cairns, North West Melbourne, and Geelong, a team of approximately 265 staff, including home care workers, nurses, care advisors, and support staff provide in-home care to thousands of clients. The North West Melbourne and Geelong hubs service approximately 2,000 people, representing a multicultural community, including Greek, Italian, Lebanese, Vietnamese, Chinese and Australian clients.

Mercy Health Home Care operates on a small-scale team model, which facilitates continuity of care - an approach that guarantees that every staff member who interacts with clients, their caregivers, and their circle of health professionals fully understands the client's goals.

Mercy Health Home Care staff have established working relationships with key healthcare providers, including general practitioners, allied health professionals, discharge planners, other aged care services, and palliative care specialists. Participation in the ELDAC Linkages program provided an opportunity to further strengthen collaborations and review its own palliative care approaches.

Prior to participating in the ELDAC Linkages program, Mercy Health Home Care recognised that many home care workers, care advisors, and some nurses felt challenged by palliative care. A lack of mandatory training, with few opportunities available, meant that some staff had gaps in their knowledge and practice. Many associated the term 'palliative' with concepts such as 'too complex', 'high needs', and 'death', and 'I can't do that'. Understandably, staff were reluctant to participate in service provision of a palliative client. They were unaware of the benefits of a palliative care approach, and that palliative care is not always about 'death', and so often is about providing basic care such as personal care and pain relief, with the option of specialty assistance through a Palliative Care Team.

One of the main goals they hoped to achieve was to increase staff's understanding of what palliative care actually means, and how to plan a palliative care approach for client care.

This goal was challenged by a lack of focus for palliative care-specific training opportunities for staff, as well as a limited number of clients opting for end of life care at home. Mercy Health Home Care was therefore eager to embrace the unique opportunities available through the ELDAC Linkages program.

Through the ELDAC Linkages program, Mercy Health Home Care's primary objective was to enhance staff understanding of palliative care, emphasising the essential role it plays in improving the quality of life for clients. By demystifying and highlighting the supportive nature of palliative care, Mercy Health Home Care aimed to foster a more compassionate and informed approach among staff.

Another goal was to increase staff's understanding of advance care planning, and advance care directives. Often staff didn't understand these concepts and therefore were reluctant to initiate the discussion. Mercy Health Home Care acknowledged that as part of a client-directed care approach, client preferences for their life journey should be considered.

With support from the ELDAC Linkages program facilitators, Mercy Health Home Care also took steps to establish relationships with local palliative specialist providers and promoted better communication and teamwork in coordinating care for shared clients. Mercy Health Home Care achieved significant success in improving staff knowledge and practices related to palliative care, advance care planning, and advance care directives.

The ongoing encouragement and guidance provided by the ELDAC Linkages facilitators was instrumental in keeping the program on track and achieving set goals. They were always available to answer questions and were very supportive and informative.

"What a positive experience. Not only did I learn a lot, but it reinforced that palliative care is about making the client's quality of life the best it can be, the same as we do for every client."

A staff member

For Mercy Health Home Care service the key benefits of participating in the ELDAC Linkages program were accomplished through workshops and sessions on advance care planning, as well as connections with local health services, where staff members gained valuable insights and resources to facilitate meaningful discussions with clients about their care preferences.

Moreover, significant benefits were achieved by incorporating palliative care learning modules into Mercy Health's Learning platform, and integrating advance care planning and advance care directives into mandatory training, enhanced staff competency in these areas.

The establishment of a relationship between Mercy Health Home Care and a Mercy Health Residential Aged Care Palliative Care clinical nurse consultant further facilitated collaboration and knowledge-sharing, ultimately improving the quality of care provided to clients receiving palliative care services.

A highlight of the ELDAC Linkages journey was the valuable education days that were provided by experts in their fields. These sessions provided an opportunity for all staff: home care workers, nurses, care advisors and training team members to participate and learn. Participants also shared stories, knowledge, and their insights into palliative care and advance care planning gaps within the organisation.

These sessions improved staff confidence to provide palliative care to a client, from diagnosis through to end of life, with life-affirming results.

Statements such as 'I didn't know there was a difference between palliative care and end of life care', and 'I thought advance care directives were Not for Resuscitation Orders!' from staff attending these sessions evidenced that the focused training not only provided education but some myth-busting as well.

During the training days, conversations reinforced the importance for organisational changes that were needed such as developing internal professional connections to a Mercy Health Residential Aged Care Palliative Care clinical nurse consultant, and that being linked with external palliative care services was paramount in providing effective palliative care to Mercy Health Home Care clients. Incorporating advance care planning and advance care directives into mandatory staff training was also seen as an essential requirement.

Attendees have spoken highly about these sessions, and as a result many enquiries regarding the next scheduled sessions have been received.

The feedback and suggestions from staff following education sessions provided evidence for the need for specific improvements. More education around advance care planning and advance care directives was highlighted, and as a result an educational piece was circulated to staff. These topics have been built into mandatory training, and a home care procedure is being reviewed. Better relationships with specialist palliative care organisations was also highlighted, and as a result meetings were organised with main stakeholders in each of the regions and relationship building commenced.

Key outcomes

- Improved connections with a local health service advance care planning team
- Improved advance care planning procedures for the home care business
- Conducted an aged care and palliative care-focused education workshop
- Created an advance care planning information flyer, placed in all client welcome packs (directed by the National Manager)
- Incorporated palliative care learning modules into the Mercy Learning platform for all staff
- Incorporated advance care planning and advance care directives into mandatory training
- Built relationships between Mercy Health Home Care and Mercy Health Residential Aged Care Palliative Care clinical nurse consultant

Statements such as 'I didn't know there was a difference between palliative care and end of life care', and 'I thought advance care directives were Not for Resuscitation Orders!' from staff attending these sessions evidenced that the focused training not only provided education but some myth-busting as well.

Mercy Health

Residential Aged Care

Victoria
Mercy Place, Warrnambool
Mercy Place, Colac
Mercy Place, Parkville

Western Australia
Mercy Place, Mandurah

Mercy Health's objective for each of their thirty residential aged care homes across four Australian states, is to cater for every aspect of a resident's emotional, physical and spiritual wellbeing. The consistent provision of high-level care and compassion are inherent objectives.

Mercy Place homes provide the following -

- High level qualified and 24-hour care and compassion are inherent objectives
- All levels of care, depending on a resident's stage of life
- Permanent, respite, and palliative care, as well as specialised dementia care

How ELDAC helped influence organisational change

Mercy Health Aged and Community Care employs a full time Palliative Care, Clinical Nurse Consultant (CNC) to oversee and coordinate palliative and end of life care for residents across the network of residential aged care homes spanning four states.

The role was developed in September 2020 to oversee and provide clinical leadership and expertise in the areas of pain management, palliative care and end of life care, including advance care planning, policy, and procedure development in relation to best practice.

This CNC has also been integral in the development and education of homes with regard to end of life care, consistent with the Catholic ethos and compassionate care for residents and their family.

The CNC role provides onsite and remote clinical support for all homes regarding real time pain and symptom management for residents experiencing palliative symptoms. This ensures timely support and reduction in potential symptoms causing unnecessary suffering to residents. For ongoing support, homes are then linked with their community providers, including their local community palliative care service.

As part of her role, the CNC coordinated the implementation of the ELDAC Linkages program across four Mercy Health homes. As well as providing valuable support and being the linkage person between ELDAC Linkages facilitators and the participating homes, participation in the ELDAC Linkages program helped with the development of this Palliative Care CNC role to ensure improvements in end of life care not only for the participating homes but for all Mercy Health homes. This was chiefly through the following learnings:

- Strategies including embedding routine completion of ELDAC after-death audits help to identify gaps in service delivery
- What is best practice palliative care and strategies and tools required for implementation
- The framework for improvements are and have been transferable across to other Mercy Homes
- The importance of linkages with community services to help provide best practice palliative care within the home
- The importance of flexibility and understanding the individual needs of each home (one size does not fit all approach)
- Understanding that small improvements can make significant change to resident outcomes.
- Importance of involvement of the multidisciplinary team and establishing early who will champion the cause (not always clinical)
- Palliative care is everyone's business, including the resident and family

Key improvements

- Improvements in after-death audit results for all homes demonstrating more responsive care at end of life for residents in these homes
- Evidence of improvements in advance care planning to ensure more residents/ families are involved in end of life decision making
- Improved access to palliative education with all homes accessing palliative care focused training

Palliative care needs rounds commenced and continued in all facilities through linkage with local palliative care services.

- Development of palliative care working parties in some homes
- Development of palliative care/advance care planning champions
- Transferability of all of the above initiatives to many other Mercy Health homes as a result of the ELDAC Linkages program and the learnings for the Palliative Care, CNC to adapt her role accordingly

Since completion of the ELDAC Linkages program Mercy Health has been concentrating on the introduction or palliative care needs rounds across all 30 Mercy Health homes, with a particular focus on people living with dementia and people with long term chronic pain. The ELDAC Linkages program has taught the Palliative Care, CNC the value of such rounds not only relating to early identification of resident deterioration, but how these can be tailored to suit the individual needs of each home and bring about immediate change in spite of the significant challenges experienced in aged care.

Fran Gore

Palliative Care, Clinical Nurse Consultant
Mercy Health, Aged and Community Care

Testimonial from the four service sites

Participation in the ELDAC Linkages program provided us with the tools and resources needed to provide high quality, best practice palliative care. The expert ELDAC Linkages facilitators guided us through the process, helping to ensure that all necessary milestones were met. The post program reports not only provided us with evidence of improvements through participation in the program, but also provided us with "a way forward" ensuring sustainability for many years to come.

While our residents are living longer, for most as they age, their death within our home becomes an inevitability. In many instances, both the resident and their families are aware that their lives are coming to a close. The four Mercy Health homes participated in the ELDAC Linkages program because they wanted their health professionals to receive both the most advanced education and support that's available to support the people they care for.

All Mercy Health homes acknowledge that their carers and Registered Nurses are extremely busy. Explaining that the caring and compassionate mindsets cannot be denied – at all times they strive to do their absolute best to support the resident and family members. That is sometimes a challenge that faces the homes.

"ELDAC (Linkages program) helped me in my role in pastoral care to be more aware of the needs of the family when a resident is at end of life and even staff as they also develop a relationship with the residents."

Mercy Place Mandurah pastoral care worker

Mercy Place Colac, Victoria

Mercy Place Colac, formerly known as Eventide, opened in 1952. A refurbished Mercy Place opened in 2005. The residence is designed so that people can stay in the same residence for as long as they need. If their needs change, we aim to provide necessary support, enabling a resident to live as well as possible with specialised and flexible care.

Colac is a small and attractive city in the Western District of Victoria – it's located 150km south-west of Melbourne and less than half that distance from Victoria's second biggest city, Geelong. Today, the region's major industries remain agriculture such as dairying, beef and lamb production. The township is supported by many tourists who visit Colac on their way to the Otway Ranges Great Ocean Road, which includes the Twelve Apostles and Shipwreck Coast.

"We can't speak highly enough of the ELDAC Linkages program and the way the Mercy Place staff cared for Dad, but it was our family, as well, who the staff looked out for. We were blessed."

Former Colac resident's family member

Highlights from participation in ELDAC Linkages program:

- Networking with external providers has helped find further connections and resources for palliative care in the local area
- Multidisciplinary approach to advance care planning
- Training and education from people who are experts in their field

One of Mercy Place Colac's initiatives as part of the ELDAC Linkages program was to conduct an advance care planning information session for residents and families. This created plenty of discussion and become a major focus for the home, because in response, residents/families were proactively seeking staff to have the discussion and consider either commencing their own advance care planning or updating previous plans.

"Providing high quality end of life care for a resident is definitely a privilege and ELDAC helped me to do that better. I still have contact with some of the people I met from other homes at the Linkages showcase and this provides me with a support network."

Mercy Place Colac Lifestyle Co-ordinator

Mercy Place Warrnambool, Victoria

Mercy Place Warrnambool was built on Sisters of Mercy owned land more than 14 years ago. Five years later, the facility was extended to establish the large and inviting, 120-bed aged care home that it is today. Working closely with the Warrnambool region's health care networks, the home provides residents with the specialised care they need, including Transitional Care Program providing subacute rehabilitation support, high quality palliative care, specialised dementia care in the home's Memory Support Unit, and overall holistic care for residents with various chronic health care needs.

Mercy Place Warrnambool is a warm, welcoming and energetic environment for the southwest of Victoria's vulnerable and elderly community.

Highlights from participation in ELDAC Linkages program:

- Being able to see residents passing away peacefully, and knowing how grateful and supported the families also are in the process
- The collaboration between key stakeholders has been paramount in ensuring that their service is providing excellence in palliative care

Mercy Place Mandurah, Western Australia

Mercy Place Mandurah opened in 1980 and there are currently 83 residents living in the community. The home is located in the picturesque canal precinct of the city, adjacent to beautiful parklands. Family members often take their loved ones for coffee and cake to Halls Head Central, which is one of the many cafes along the Mandurah marina.

Highlights of participation in the ELDAC Linkages program:

- Training and education from people that are specialists in their field
- Ongoing support and processes such as needs rounds that will continue
- Greater accessibility to specialist palliative care staff
- Standardised tools and processes to ensure continuity for residents at end of life

"The ELDAC Linkages program was an opportunity for all staff to upskill and cement palliative care foundations. Formal linkages with community palliative care and bereavement services enhanced palliative/ end of life care for our residents and their families and helped us realise that we are not on our own."

Mercy Place Warrnambool Service Manager

Mercy Place Parkville, Victoria

The home is located in a vibrant inner north community, perched on the fringe of Melbourne's lush parks and gardens.

Our lifestyle program provides opportunities to connect with the community and indulge their passions, with excursions to the nearby Royal Melbourne Zoo, Botanical Gardens and Morning Melodies music programs. The home also offers a variety of cultural activities, including Italian coffee clubs, reflection groups and church services for people of any faith.

Highlights from participation in ELDAC Linkages program:

- Frequent involvement of specialist services has helped to upskill staff through role modelling
- Upskilling in advance care planning and commencing difficult conversations

Mercy Place Parkville focused on palliative care needs rounds as a way to help their dedicated but sometimes inexperienced staff to identify deterioration earlier. This was in order to reduce the number of unnecessary admissions to hospital from perceived 'acute illness'.

"The ELDAC Linkages facilitator helped us to look at deterioration from a more holistic perspective."

Care Manager, Mercy Place Parkville

Westmont Aged Care Services

Residential Aged Care

Baranduda, Victoria

Goal

To improve the level of palliative and end of life care through increased uptake of advance care planning, closer connections with local service and increased staff knowledge in recognising and responding to deterioration.

Highlights

- Less transfers to hospital for end of life care
- Increased uptake of advance care planning for residents
- Collaboration with local specialist palliative care services
- Upskilling nursing staff to provide care

Westmont is a community- based not-for-profit organisation, providing retirement living options, residential aged care and community care located in Baranduda, 10 km South-East of Wodonga, Victoria .

The Baranduda site includes 123 independent living villas, 40 assisted living apartments and 134 residential aged care beds, all surrounded by 16 hectares of well-maintained gardens, wide walking paths, ponds, BBQ areas, and a community and recreational centre. Residents at Westmont Aged Care villas and apartments receive person-centred care and a range of facilities, service, and social activities in the vast rural surrounds of sunny north east Victoria.

Before Westmont's participation in the ELDAC Linkages program, their adoption of advance care plans was less than optimal, with many residents having outdated or incomplete plans. It was identified that the service needed to reconsider their approach, renew their resources and formalise their processes. To drive more uptake among residents, nurses participated in educational modules to enhance their understanding of the forms and requirements for creating advance care plans, as well as appointing substitute decision-makers in accordance with state legislation in Victoria. Their ELDAC Linkages facilitator supported them with a guide and resources which helped them with their policies and procedures. The team created new systems for advance care planning (ACP) along with creating dedicated roles to support the advance care planning process. Along with this, they identified ACP RN champions within the team to communicate with newly admitted residents and their families to have the important conversations to support decision making about wishes and choices for advance care planning.

Consequently there was more engagement with residents regarding ACP, resulting in 90% participation, a great improvement from previous levels. This was a significant achievement for the team who have set a goal of 100%.

Another challenge identified before participation in the ELDAC Linkages program was the need for more comprehensive clinical assessment to recognise deterioration. Through the collaboration, the facilitator assisted in selecting Palliative Care Assessment Tools to recognise end of life stages, respond to deterioration, and assess palliative residents. With improved clinical assessment, GPs and Registered Nurses were able to strengthen their resident care plans, communicate with families more confidently, and provide effective palliative care, resulting in reduced hospital transfer rates.

Identifying clear and consistent processes and levels of contact to guide clinical leads in responding to deterioration was another priority. Westmont established an escalation pathway for care staff and nurses to identify deterioration, arrange family meetings, and develop person-centred palliative care plans. This pathway includes information and access to support from external agencies, which is particularly useful after hours.

Prior to the ELDAC Linkages program, Westmont lacked collaboration with specialist palliative care services and had outdated connections that needed renewal. Although Westmont always had good relationships with their GPs, there was no clear referral pathway for residents to access specialist palliative care they had identified. With the support of the ELDAC Linkages facilitator, they established contact with a specialist palliative care service in their local area and with their help along with the ELDAC Linkages facilitator were able to introduce a referral pathway as part of their clinical processes. This visual pathway is now accessible to all staff for reference when needed, enabling better management of complex care needs and reducing hospital transfers.

Additionally, Westmont upskilled their teams with the support of the local Specialist Palliative Care Team and accessed national resources and external education programs. This provided a strong foundation of knowledge and education about palliative and end of life care.

"Our teams have gained more skills and knowledge and are now better able to detect deteriorating symptoms early and confidently at end of life care."

Key outcomes

- Improved continuity of care
- Increased completion of advance care planning documentation for residents
- Increased case conferencing and communication about palliative care needs of residents
- Introduced key assessment tools,
- Improved processes and resources to support advance care planning at Westmont
- Increased confidence in RNs to communicate with families and residents about end of life wishes
- Created escalation pathway for consistent approach to deterioration
- Clear referral process to specialist palliative care service

Fostering a positive work culture and empowering staff

The ELDAC Linkages program has opened up a wide source of continuous information and knowledge from various national and state platforms and resources such as palliAGED, Advance Care Planning Australia and PEPA Victoria. The ELDAC Linkages facilitator has been a go to person whom we can approach any time via phone or email for any questions or information. This collaboration has helped us tremendously to foster a positive work culture in regard to providing effective palliative care in aged care. After participating in the ELDAC Linkages program, the care staff are now more empowered to talk about end of life care and the importance of advance care planning. When a resident reaches the palliative and end of life phase, staff from all levels are more equipped to fulfil their wishes, provide person centred care, manage their symptoms and ensure their death is more peaceful and dignified. The collaboration with specialist palliative care services has given nurses a reassurance that the complex care needs of palliative residents will be met in an effective manner.

Laura Souquet, Care Manager, Westmont Aged Care Services

Bene Aged Care - The Italian Village St Agnes

Residential Aged Care

Adelaide, South Australia

Goal

To refine and elevate the quality of palliative care.

Highlights

- Partnering with the local palliative care service has enhanced end of life care for residents
- Staff have become passionate and keen on learning about palliative care
- Support from the ELDAC Linkages facilitator increased staff confidence
- Advance care directives are now openly discussed

Bene Aged Care (also known as Bene Aged Care St Agnes) in St Agnes, nestled in the beautiful and idyllic foothills of Adelaide, is a leafy haven for 163 residents, the majority of whom have an Italian background. The holistic approach at Bene Aged Care serves to meet the individual needs of every resident, from high-care support to opportunities for simple social connectivity. Bene's 24/7 onsite nursing team also provides high dependency and specialist dementia care.

Bene's commitment to the ELDAC Linkages program stemmed from their passion to enhance their palliative care services. The central aim was to refine and elevate the quality of care, ensuring that both residents and their families received the support they needed during the most challenging times.

First and foremost, Bene sought to boost the confidence and skills of the culturally-diverse staff in providing palliative care and advance care planning. This initiative was crucial in creating a workforce adept at handling delicate end of life conversations and making informed decisions. To facilitate this, a robust training program was implemented, aimed at embedding a palliative approach across the entire service. This included specialised education sessions during the induction and orientation days for all new staff.

Understanding the intricacies of other health sector teams, particularly the Specialised Palliative Care Team, was another critical goal of their participation in the ELDAC Linkages program. By establishing a clear referral pathway, Bene has established a seamless communication between external service teams and their own, allowing for timely and efficient access to specialised palliative care. This step was pivotal in fostering a collaborative environment that could better serve the residents' needs.

> "Participating in the ELDAC Linkages program has been enriching in so many ways, making a positive difference to our residents' and families' palliative care journey, and helping us to enhance the knowledge and skills of our staff with the goal of providing better care and services to the residents."
>
> *Nisha Maharjan, Residential Site Manager*

To further support communication with residents and their families, Bene introduced visual printed resource materials. These resources became vital tools for staff, enhancing their knowledge and serving as reliable references for clinical care.

Additionally, they facilitated better communication, helping families and residents navigate the complexities of palliative care with greater understanding.

Participation in the ELDAC Linkages program provided Bene with the perfect opportunity to raise awareness of palliative care. Through various initiatives, Bene aimed to build a comprehensive understanding of palliative care among residents, families, and staff. Notice boards, fact sheets, and brochure stands were strategically placed in all areas to ensure everyone had access to essential information. This widespread awareness campaign, supported by the ELDAC Linkages facilitator, helped demystify palliative care and made it a more integral part of the community's consciousness.

With cultural sensitivity front of mind, and with support and structures provided through the ELDAC Linkages program, Bene reviewed and revised their existing palliative care policies. This comprehensive review included incorporating resources to support culturally diverse residents and their families. Recognising the challenges posed by language barriers and cultural differences, Bene made concerted efforts to prepare residents and their families for a smooth palliative care journey.

Partnering with the Specialist Palliative Care Team has significantly enhanced Bene's capacity to provide better end of life care. This collaboration not only enriched the staff's knowledge but also ignited a passion for palliative care within the team. Staff members felt more confident and better prepared to support residents and their families, thanks to the facilitation support provided by the ELDAC Linkages program.

Advance care directives are now a more common topic of discussion at the facility, leading to a stronger uptake from residents and family members. The use of evidence-based resources has played a crucial role in supporting care staff and improving communication with residents and their families.

Additionally, clinical assessment tools have been introduced, providing staff with practical means to monitor and respond to residents' needs effectively. Resources were also shared with families to support their understanding of the end of life journey, fostering a more informed and compassionate environment.

Key outcomes

- Upskilled the care team to provide palliative care
- Introduced evidence-based resources to support care staff with communication with our residents

Creating a collaborative approach with the Specialist Palliative Care Team – Supporting our resident and their family at end of life.

With our resident's close family member (a daughter) living interstate, involving the specialised palliative care nurse, with their expertise was important. This was reassuring for the family, as it provided an extra layer to our care and improved our rapport and connection with the daughter, who was very distressed, facing her mother's end of life from a great distance.

The specialised palliative care nurse could guide us with any signs or symptoms that the resident was presenting. She was able to join us when we talked with the family, and provided the support and reassurance that we were there for their mother on her end of life journey, and that we could manage her care on site. The nurse practitioner (NP) was also able to provide guidance and support to the family about medication management, as well as supporting our RNs with managing end of life medications.

Working alongside the NP gave the family comfort and reassurance, and it helped us to build the family's trust in the care we were providing. The family was reassured through our communication that if needs escalated, we were all there working together to manage care in every way for their mother.

Working with the specialised palliative care team gave us confidence, knowledge, and learnings for future care provision at end of life.

As a larger team, in collaboration with external services, we were able to wrap our contributions and care around the family and their loved mother, to have a gentle supported end of life journey.

Nisha Maharjan, Residential Site Manager

Helping Hand Aged Care and Home Care Service

Home Care

Salisbury South, South Australia

Goal

To develop or improve systems, processes and knowledge to strengthen the capacity to provide palliative care in the home for clients wishing to remain in their own homes through to the end of life.

Highlights

- Introduced Palliative Care Kits across every region to respond promptly for urgent requests to deliver personal care in the home for palliative clients
- Increased skills and capability in developing and providing palliative care, symptom management and recognising deterioration and end of life care needs
- Observed improvements across all domains including clinical, education, policy and procedure, information systems and continuous improvements

Helping Hand Home Aged Care (Helping Hand) is a not-for-profit aged care provider that offers services in both residential and home care, as well as independent living units. The ELDAC Linkages program was implemented within the home care sector in the metropolitan area, providing care to approximately 515 clients.

Helping Hand's vision is to be the most trusted and exceptional partner in aged care services, with a strong focus on supporting clients' wellbeing. Helping Hand values a client's individual preferences and choices in planning and delivery of care.

Clear goals and actions were set at the start of the program to ensure the team could achieve their goal of capacity building across the service group.

A clearly established relationship with specialist palliative care services was essential to achieving their desired outcomes. While procedures were needed to guide home care staff in supporting clients with advance care planning, the availability of social workers to assist was limited. Nursing and care staff required training as they lacked confidence in assisting clients with advance care planning and providing palliative care. Consequently, Helping Hand could not accept clients requiring palliative care and had to refer them to other services to ensure they were well supported. This situation was something they were very eager to improve.

"As a Clinical Manager, I feel more confident that our nurses can recognise pain and the need for symptom management, now knowing when, how, and who to refer to for medical and specialist palliative care."

Since completing the ELDAC Linkages program, noticeable improvements have been observed across all domains, including clinical, education, policy and procedure, and information systems. Helping Hand established a strong commitment among staff to provide the best quality care to clients and introduced 'palliative care champions' within the team to support care delivery. Teams were upskilled through registered training, increasing their confidence in delivering palliative care. Nurses who were confident in their skills were identified to mentor care and nursing staff. Linkages with other health care services including palliative care specialist services were built, enhancing resources to support staff in understanding and delivering palliative care at home.

Helping Hand now works collaboratively with specialist palliative care services and is able to accept referrals for home care support. The teams are trained to identify client deterioration and know when to refer to specialist services or GPs. Communication has improved between service teams, particularly in situations where there is a complex case with shared care of a client in the home. The ELDAC Linkages facilitator assisted in establishing linkages with the Specialist Palliative Care Team and supported the service to achieve their goals through the program.

"Our care workers are much more knowledgeable about recognising deterioration."

> We have more confidence in the care worker champions to identify and report change in our client's condition.

Key outcomes

- Established a strong commitment from staff to provide the best quality care to clients
- Established 'palliative care champions' within the team to support care delivery
- Increased confidence across the care team through education and upskilling
- Identified nurses to share their skills and to mentor care and nursing teams
- Built linkages with Palliative Care Specialist Services and Palliative Care SA
- Increased resources to support staff to understand and deliver palliative care at home
- Staff educated on the importance of self care for care givers and how to access relevant resources
- Improved skills in leading end of life discussions with clients

End of life wishes fulfilled at home

It was a late Tuesday afternoon when our care manager was contacted by a home care coordinator team leader to urgently assist with a client. The client had returned from hospital two weeks prior. The GP had provided a late day home visit to find the client had deteriorated and had let the client's wife know he did not have long. The wife immediately called the care coordinator for urgent assistance to remain at home. Due to our new processes, resources and capabilities, we were able to organise urgent physiotherapy to assist with equipment set up, slide sheet training for staff and our client's wife, as well as deliver assistance with personal care within the first 24 hours. This smooth scenario was in contrast to our prior capabilities. Usually, we would have needed to ring the ambulance as we previously did not have staff with the relevant skills in the area or the resources to respond so promptly.

We were able to arrange a hospital bed delivered overnight with assistance from the Specialist Palliative Care Team, and the client transferred into the lounge room so that family could be close to him. We were able to have an end of life discussion with the client's wife to review the client's wishes, which was to stay at home with family and kept as comfortable as possible.

Thanks to the ELDAC Linkages program and facilitator, we were able to provide the client and his wife with support, care and resources to manage and fulfil these wishes.

For our client and his wife at home, we had prepared our staff on end of life care and had a key care worker to lead and to upskill the rest of the team. His wife was able to care for her husband according to his wishes with support from the client's GP and Helping Hand staff. The client was able to die peacefully at home with his family present.

The wife expressed her gratitude and appreciation for ensuring that her husband was able to be cared for at home throughout the end of his life. She was grateful with the care workers who were trained and prepared. The wife, son and daughter were also able to assist as they had also received training from the physiotherapist. We were able to care for the client at home until the day he died.

We never imagined we could provide this type of service in the home before participating in the program. It enabled us to reflect on our approach to end of life care in the home. ELDAC gave us the confidence, skills and knowledge to be able to provide end of life care.

Jessica Bryant, Clinical Manager Helping Hand

Uniting SA Hawkesbury Gardens Aged Care

Residential Aged Care

Salisbury North,
South Australia

Goal

To strengthen palliative care services by enhancing staff knowledge, improving communication, and fostering supportive relationships with families throughout the end of life journey.

Highlights

- Improved staff confidence in discussing end of life care with residents and families
- Enhanced communication processes, including bedside handover and inclusive team discussions
- Developed comprehensive palliative care resources
- Increased integration with local palliative care services and general practitioners, resulting in better coordination of care

Uniting SA, a not-for-profit organisation dedicated to offering choices in independent living, home care, and residential aged care, has been serving the South Australian community since 1919. Located in Salisbury North, Hawkesbury Gardens is one of its vibrant residential aged care facilities, providing a supportive environment where diversity in ability, age, ethnicity, faith, sexual orientation, intersex variation, and gender identity is embraced. The organisation strives to create a welcoming atmosphere for everyone.

Through participation in the ELDAC Linkages program, Uniting SA sought to strengthen their approach to care for individuals throughout their life journey and set several objectives for themselves. A revision of policies, procedures, and tools to better equip staff in delivering compassionate care was a priority, as was restructuring admission information packs to engage residents and their representatives in end of life planning and the development of advance care directives.

"We have gained greater confidence in communicating with residents and their loved ones within palliative and end of life care."

Recognising the importance of support during bereavement, they aimed to provide resources that clarified planning for when a resident passed away. Additionally, changes were made to the clinical information technology system to improve the capturing of resident preferences for end of life care and to facilitate better data collection and analysis.

Although Uniting SA faced challenges such as staffing availability and hesitance from residents and their families to engage in end of life discussions, they made significant progress by establishing linkages with the local palliative care service, leading to increased referral rates and enhanced learning opportunities for staff. Integration with the Ambulance Service improved advance care directive availability, and local general practitioners became more involved in the palliative care journey from the outset.

Uniting SA focused on upskilling their teams, resulting in greater staff confidence in facilitating end of life discussions. Enhanced resources and improved documentation practices contributed to better management of palliative and end of life phases, yielding positive feedback from families and residents alike.

The introduction of bedside handover processes improved communication during care delivery, while the inclusion of non-clinical staff in discussions about residents' care ensured a collaborative approach, recognising the vital role of the entire team.

To further improve service delivery, Uniting SA redeveloped their palliative care data systems and created branded information packs for new residents, promoting end of life planning and advance care directives. The service enhanced their referral pathways with the local palliative care service, along with the integration of general practitioners into the multidisciplinary team processes. This has increased assessment and planning at an earlier point in each resident's palliative journey.

The organisation also developed escalation tools and quick education resources to empower staff in understanding and communicating palliative care effectively. The improvements across all areas have increased confidence in their staff teams who are more confident and better able to talk with families and to support their residents and their families to have end of life discussions with family and representatives, providing care right through until end of life.

Key outcomes

- Elevated satisfaction levels among families and residents, as evidenced by positive feedback
- Established effective referral pathways and improved documentation of resident preferences for end of life care
- Strengthened training programs leading to noticeable growth in staff practices related to palliative care
- Enhanced data collection systems that better reflect resident needs for improved service delivery

> "Our organisation has enhanced its information given to residents admitted to our facilities regarding end of life wishes and advance care directives."

"We have greatly enhanced our support and the information we can share on bereavement."

The ELDAC Linkages program has enabled our service to build in more team involvement across all levels of staff via multi-disciplinary and operational meeting structures, shared multirole education sessions and resources and skill enhancements which improve confidence and thereby outcomes for residents.

We have been able to enable the development of revised and enhanced organisational palliative care policy, improved clinical information technology templates, enhanced multi-disciplinary meeting processes and resident and representative information kits on end of life planning and bereavement has contributed to the goal achievement so far.

Education on subjects around palliative care has contributed to outcomes as confirmed by staff and recipient feedback.

The benefits of the program extend to familiarity and rapport with our local specialist palliative care service making the referral process more streamlined and familiar. Our clinical staff are more inclined to engage now with the service given the linkage .

The inclusion of our non-clinical staff in communication about residents care within daily operations meetings now includes maintenance, environmental, lifestyle and catering staff. Each role has its own contribution when supporting end of life care. Our service aimed to enhance the outcomes of palliative experiences by acknowledging the role the whole team can play, that everyone counts, and everyone is involved. We are more aware of education opportunities and clinical placements within South Australian palliative care services to expand on knowledge and outcomes for residents representatives and staff. We greatly appreciated the support of our ELDAC Linkages Facilitator who guided us through the project and assisted in us achieving our goals.

Most importantly, our learning has been evidenced in the shared resident experience within their end of life journeys. For example, one relative stated, "all of the staff were so good I would like to hug every one of them."

Matthew Wood, Residential Operations Manager

Australian Regional and Remote Community Services (ARRCS)

Residential Aged Care

Northern Territory

Juninga Centre, Darwin

Terrace Gardens Aged Care, Palmerston

Rocky Ridge Nursing Home, Katherine

Goal

To build staff capacity and improve linkages to provide culturally sensitive end of life care.

Highlights

- Participation in education and training opportunities for staff to improve knowledge and confidence in end of life care provision
- Establishment of the ARRCS Top End partnership advisory group

Australian Regional and Remote Community Services (ARRCS) is the largest provider of aged care services across the Northern Territory with seven residential aged care facilities in the Darwin, Palmerston, Katherine and Alice Springs regions and four national Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC) facilities located in some of the most remote and beautiful places in the Northern Territory. Nhulunbuy in the Top End delivers services to the Saltwater People right down to Tennant Creek in the middle of the Territory, and across to the central red desert country and the people of Mutitjulu at the base of Uluru and out to Docker River near the Western Australia / Northern Territory border. ARRCS also provides community services such as home care and day programs in these regions.

Three residential services participated in the ELDAC Linkages program: Juninga Centre in Darwin, Terrace Gardens Aged Care in Palmerston and Rocky Ridge Nursing Home in Katherine.

Audits completed at the start of the program helped identify areas that would benefit from an improvement focus. The audits highlighted that staff would benefit from more education and support about end of life care provision and advance care planning. The three services also wanted to improve linkages and working processes with specialist palliative care and other external care providers.

Challenges that add to the complexity of advance care planning and developing care provision goals were identified across the services and include:

- A large number of residents under guardianship
- Cultural sensitivities and considerations about discussing death and dying
- The remote location and vastness of the Territory and communication limitations
- Impact of transient workforce on continuity of care and maintaining connections

ARRCS's achievements through the ELDAC Linkages program can be summarised in four words - education, connections, partnerships and commitment.

With the assistance of the ELDAC Linkages facilitator, ARCCS identified a number of different education and training opportunities. Staff undertook a variety of palliative care and advance care planning training and education across the three participating services, including short informal toolbox sessions, online modules, face to face workshops and placement opportunities.

The ELDAC After Death Audit was embedded into routine practice for all deaths. Additionally, policies and procedures relevant to end of life care and advance care planning were reviewed and updated.

The establishment of the ARRCS Partners Advisory Group in the Top End was another exciting achievement that has seen buy in from the local hospitals, ambulance services, palliative care specialist teams, senior advisory services and indigenous and non-indigenous medical groups. Regular meetings continue and improvement goals include to enhance communications, standardise processes and collaboration to improve advance care planning and the life journey and experiences for ARRCS consumers and their families.

Key outcomes

- Improved linkages and working processes with specialist palliative care and other providers
- Built staff capacity to provide palliative, end of life care and advance care planning through upskilling and shared learning
- Reviewed and improved palliative care delivery procedures and processes

Regis Aged Care

Residential Aged Care

Western Australia
Bunbury

Queensland
Caboolture

Victoria
Fawkner
Macleod

Goal

Conduct a thorough review of current model of care delivery to enhance the quality of palliative care provided to residents.

Regis Aged Care (Regis) is dedicated to providing personalised and respectful care that honours the journey of ageing across 68 residential Homes nationwide. Delivering a range of services, including residential care, retirement living, home care, respite care, and day therapy programs, Regis supports over 7,500 aged care and retirement living residents.

Four Regis aged care homes participated in the ELDAC Linkages program, including Bunbury (WA), Caboolture (QLD), Fawkner (VIC), and Macleod (VIC).

Dedicated to enhancing the quality of palliative care for residents in its residential homes, the invitation to participate in the ELDAC Linkages program gave Regis a valuable opportunity to refine and establish a robust palliative and end of life care framework. Regis undertook a comprehensive review of its current practice, with the primary objective to ensure that employees were equipped with the knowledge and resources necessary to deliver compassionate and comprehensive palliative care consistently.

"We feel more confident in delivering palliative care and providing the education to our team regarding end of life care after participation in the program."

Prior to participating in the ELDAC Linkages program, Regis identified several limiting factors that were hampering the delivery of quality palliative care to their residents. Some employees lacked the skills, knowledge and experience, particularly in advance care planning. At times this led to rushed delivery of palliative care, which was compounded further by some confusion surrounding the distinctions between palliative care and end of life care.

The absence of a dedicated palliative care coordinator further impacted Regis' capacity to deliver consistent and effective palliative care. Limited employee education and training opportunities posed a significant barrier. Despite the availability of online resources, time constraints hindered employee engagement, leading to a low uptake.

Participation in the ELDAC Linkages program has had numerous benefits for Regis, including the improved advance care planning processes, leading to more comprehensive and person-centred care plans.

Additionally, the use of ELDAC audit tools, notably the After Death Audit, has enabled Regis to pinpoint areas for improvement and refine practices accordingly.

Trialling the 'Palliative Care Champion' role, Regis has witnessed the positive impact of designated leadership in driving educational initiatives and fostering engagement among both employees and residents. Ongoing support from the ELDAC Linkages program facilitators has also helped to strengthen relationships with specialist palliative care services, fostering collaborative partnerships to better support the residents.

Most significantly, the ELDAC Linkages program has guided Regis in developing a palliative and end of life care model, providing a structured framework for ongoing implementation to ensure the delivery of high-quality palliative care in residential care.

Highlights

- Enhanced service and employee capability through the appointment of a designated Palliative Care Champion
- Built connections with local palliative care service
- Using The Supportive and Palliative Care Indicators Tool (SPICT) to identify clinical changes and deterioration
- Using ELDAC After Death Audits to improve end of life care

"The STOP and WATCH mosaic is more convenient to carry with us every day at work, and we can use it if we enter a resident's room and are unsure about anything and can report to the Registered Nurse."

Regis employee

Key outcomes

- Improved palliative care trolley management
- Improved employee knowledge
- Improved resident and family support
- Established palliative care working group to ensure ongoing monitoring of palliative care delivery and the outcomes
- Improved advance care plan completion rates
- Improved working relationship with the Palliative Care Team
- Improved communication of resident/family's needs, wishes and goals of care

"It was very helpful to receive the education from our Palliative Care Champion."

A story of employee growth

Prior to the commencement of the ELDAC Linkages program, we found that many residents, employees, and families were unsure of the advance care planning process and how to initiate the conversation for advance care planning. When we started our participation in the ELDAC Linkages program, we made it compulsory for all Registered Nurses and Enrolled Nurses to attend online training regarding advance care planning. Once this was completed, employees informed me that they felt more comfortable with the advance care planning process and how to start the conversation with residents and their families. We also supplied each wing of the Home with prompts and booklets to provide to residents or utilise during advance care planning conversations.

With these, we still noted that we didn't know how to provide this information to the residents and their families on a large scale. Our ELDAC Linkages facilitator assisted us by initiating contact with a local advance care planning (ACP) Facilitator. We arranged for the ACP Facilitator to attend the Home and provide education to our residents and their families. I remember we did not have as many family members or residents attend as we were hoping, but I noticed that the smaller group was beneficial as many of the residents who attended knew each other and this opened a more intimate dialogue with a few residents sharing their concerns and experiences with advance care planning. I found this to be more successful than I initially thought due to the limited number of residents that attended, but a few residents requested for some further information on advance care planning after the session was held. By focusing on advance care planning, we were able to allow the residents to discuss their concerns and not confront them about end of life and mortality, as I know some residents who attended are usually reluctant to discuss such things. We plan in the future to provide further sessions to allow for more resident and family participation in these discussions.

Madeline Rochford-Hayes, Caboolture Registered Nurse and Palliative Care Champion.

Palliative Care and advance care planning Day at Regis Caboolture: Hosting this special day, facilitated by our Palliative Care Champion, provided a safe space for staff to reflect on and share their experiences in palliative care. The value found in personal and professional growth from this day was unmistakable.

Regis Caboolture

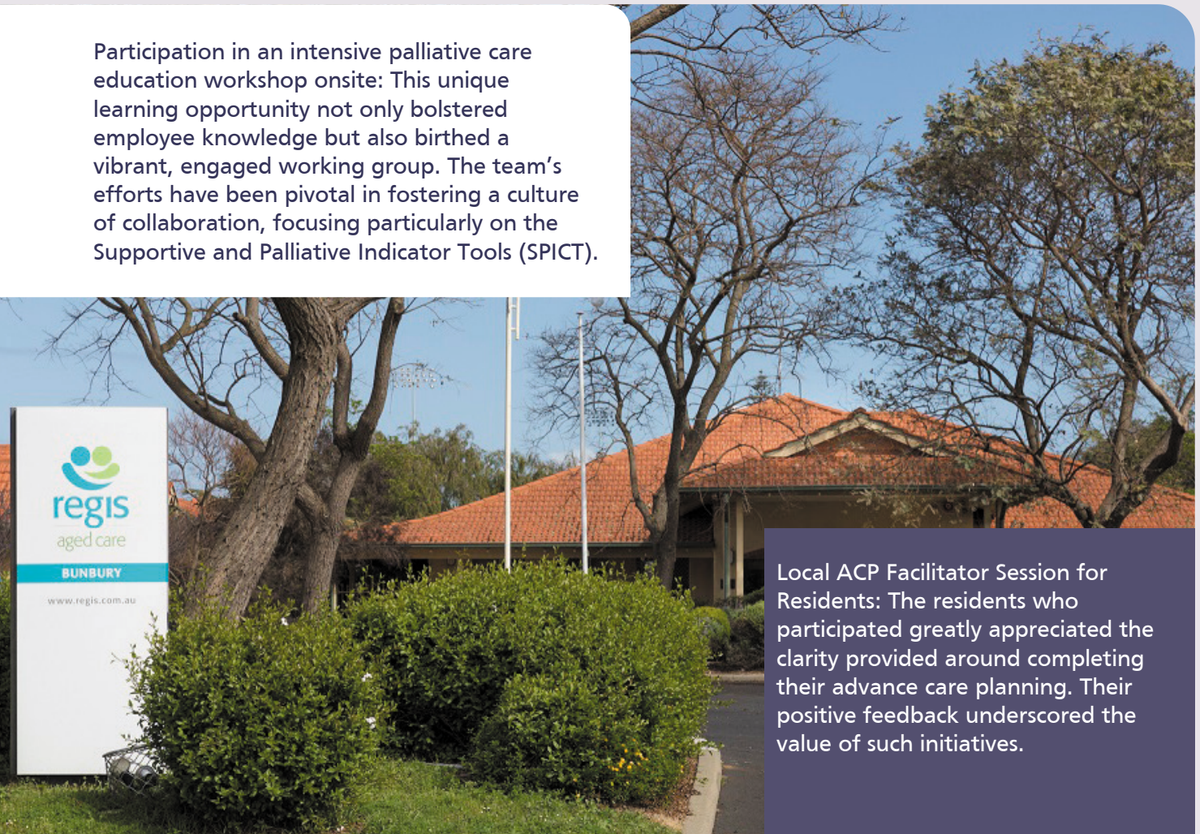
Palliative Care Leadership: The introduction of the 'Palliative Care Champion,' a leader and coordinator who implemented a palliative care trolley, has profoundly affected our team's readiness to provide palliative care to residents. The trolley, thoughtfully stocked with resident and family information booklets, has proven to be a vital tool, enhancing communication with residents and their families.

ELDAC Linkage Strategies Audit and collaboration with ELDAC Linkages facilitators: All participating Homes have made consistent improvements in working with specialist palliative care services. The role of the Palliative Care Champion has been instrumental in leading these enhancements, all supported by ELDAC Linkages facilitators.

ELDAC Organisational Audit Domain - Education and Workforce Development: Our Homes have made tangible progress in advance care plan and palliative care education for residents and families. The focused education initiatives have resulted in enhanced employee proficiency in three specific Homes.

Regis Palliative Care Audit Tool Update: The audit tool's recent update now includes essential measurements for quality palliative care, such as After Death Audit questions. This signifies our commitment to continuous improvement.

Participation in an intensive palliative care education workshop onsite: This unique learning opportunity not only bolstered employee knowledge but also birthed a vibrant, engaged working group. The team's efforts have been pivotal in fostering a culture of collaboration, focusing particularly on the Supportive and Palliative Indicator Tools (SPICT).



Local ACP Facilitator Session for Residents: The residents who participated greatly appreciated the clarity provided around completing their advance care planning. Their positive feedback underscored the value of such initiatives.

Implementation of tools at Regis Fawkner: Introducing the 'Stop and Watch' tool and 'SAS' (Symptom Assessment Scale) has created interest and practical assistance for our care teams. This innovation helped in defining clear parameters for assessing residents.

Regis Fawkner

Murray Mudge RAC (Uniting Communities)

Residential Aged Care

Glenelg,
South Australia

Goal

To enhance end of life services for older residents by integrating cultural and spiritual diversity into advance care planning.

Highlights

- Strengthened communication and collaboration between internal teams and external service providers
- Fostered a supportive, inclusive environment for residents and their families
- Enhanced understanding and integration of cultural and spiritual diversity in end of life care planning

Murray Mudge Residential Aged Care is a 76-bed facility located in Glenelg, South Australia, operating under Uniting Communities, a South Australian-based not-for-profit organisation offering community services from youth to the elderly.

The Glenelg home accommodates residents from diverse cultural and spiritual backgrounds and prides itself on promoting inclusivity and diversity, reflecting the ethos of Uniting Communities.

Recognising the significant roles that culture and spiritual beliefs play in the dying process, Murray Mudge participated in the ELDAC Linkages program to enhance and improve their palliative approach and end of life services for older residents. The goal was to expand current practices to better understand and integrate diversity into palliative care and end of life care planning, ensuring preparedness for the changing needs of future generations.

While staff at Murray Mudge already receive basic education on death and dying, participation in the ELDAC Linkages program, with support from the facilitator, provided advanced training opportunities. This extra training increased staff knowledge, allowing them to better support residents and their families during this critical time.

> "We have been able to refine the contents of our Information Pack that is more targeted towards what the future residents may want to know about palliative care in our service rather than what we think they want to know."

Prior to joining the ELDAC Linkages program, Murry Mudge recognised that a key challenge faced by staff was initiating conversations about death and dying. Although nursing staff were skilled and qualified, discussing end of life wishes was difficult for many. The ELDAC Linkages program helped shift the focus from starting these conversations after admission to beginning them during the pre-admission process. Information brochures and contact details were included in information packs, encouraging future residents to start conversations with their families before entry.

An additional adjustment with a great positive impact was redefining the role of the Spiritual Care Practitioner as a support person for staff, residents, and families during end of life. This change strengthened communication and collaboration between internal teams and external service providers.

During the period when the Voluntary Assisted Dying bill was passed in South Australia, Murray Mudge introduced a policy on Voluntary Assisted Dying. This policy provided staff with guidance and direction in this new area, offering clarity on roles and procedures to follow if a person chose to end their life due to a diagnosed chronic life-altering condition. Advance care policy was also reviewed along with end of life law information and resources to support staff, introducing conversations about advance care planning. The team clarified and upskilled on aspects of the law in care provision such as substitute decision making and the issue around capacity in South Australia.

Through these efforts, Murray Mudge has not only enhanced its end of life services but also fostered a supportive, inclusive environment for residents and their families.

> "I feel I have a better understanding of the importance of knowing what a person wants during palliative care. The ELDAC Linkages program has helped me to understand on a deeper level."

> "Through linking with external organisations, I have a greater understanding of what types of referrals are available for palliative care services. This helps me when discussing possibilities with our doctors."

Uniting Communities Home Care Services

Home Care

Adelaide, South Australia

Goal

To embrace and celebrate cultural diversity and increase staff awareness and confidence to provide high-quality palliative care for our clients.

Highlights

- Upskilled teams on palliative care and advance care planning
- Increased capability to provide palliative care as part of our home care service
- Developed a resource toolbox to support ACP and palliative care to the range of cultural groups in different translations
- Introduced a communication tool to identify early deterioration/change in clients

Located in Adelaide's Central Business District, Uniting Communities Home Care Services is dedicated to providing home care services. With 111 community care staff and 439 home care packages, the organisation serves clients speaking 26 different languages, and, where possible, clients are matched with caregivers who share their cultural backgrounds and languages.

Recognising a growing need, Uniting Communities aspired to provide palliative care to clients within their homes. To achieve this, raising awareness and enhancing their team's skills regarding palliative care was imperative. Further, Uniting Communities sought to integrate seamlessly with other services to avoid working in isolation.

To support their culturally diverse clientele, Uniting Communities identified the necessity for translated resources on palliative care and advance care directives. Additionally, they sought to upskill their care workers, boosting their confidence and competence. Their ultimate goal was to ensure that clients received comprehensive support at home, avoiding transfers to hospitals or hospices that may not align with their preferences.

Participation in the ELDAC Linkages program marked a turning point for the organisation. It prompted a thorough re-evaluation of their care and support processes for clients and their families needing palliative and end of life care. The introduction of ELDAC tools, links, and resources improved awareness, assessment, and support, enabling care workers to identify subtle changes and recognise deteriorations in health status early. This proactive approach allowed for timely interventions and continuous care.

With the support of their ELDAC Linkages facilitator, Uniting Communities accessed valuable education through PEPA and Palliative Care Australia. This upskilled their clinical, care, and support staff, as well as their package coordinators. As a result, staff members felt more confident and comfortable initiating sometimes-difficult discussions about palliative care, ultimately enhancing the quality of care and support provided to their diverse clientele.

> "Participating in the ELDAC Linkages program has allowed us to re-evaluate the care and support we provide customers and their families when someone requires palliative and end of life care."

Key outcomes

- Increased awareness and customer uptake of advance care directives
- Re-established relationships with local palliative care services
- Developed a multi-cultural resource folder available to all staff
- Introduced palliative champions

"We have reestablished our links with the SPC service; having these links is vital and critical to our work we do in supporting clients."

"We have added palliative approach into our clinical risk meeting and clinical governance, embedding it into our organisation."

Providing care and support at home

Recently we cared for a client (DL) who had a life-limiting illness and was receiving radiotherapy treatment. The medical team had advised that despite treatment, her prognosis was poor. The treatment became a burden and was impacting her quality of life, so in consultation with her family, she made the difficult choice to cease the treatment and focus on comfort care and symptom management. She had an advance care directive in place which clearly outlined her choices, preferences and wishes.

Once the decision was made, DL clearly stated that she wanted to remain at home for as long as possible and to transfer to the hospice only at the very end of her life. She was also very clear that she did not want to become a burden for her family, and she definitely did not want to die at home.

In conjunction with the specialist palliative care team, we were able to provide the care and support she needed in home in order to maintain her dignity and choice.

The outcome was that DL was admitted to the hospice on a Friday late evening and died comfortably and peacefully, surrounded by family, in the early hours of the Sunday morning. Her family were very appreciative of the care we provided and the fact that we were able to meet their mother's needs and wishes at end of life.

Heather Fraser, Clinical Manager Home Care

RFBI Holt Masonic Village

Residential Aged care

Holt
Australian Capital Territory

Goal

To build confidence and knowledge of palliative and end of life care.

Highlights

- Staff have more confidence when talking to families
- Staff have more confidence to complete advance care directives
- Aged care and palliative care education sessions with other services have been beneficial and enjoyed by the staff

RFBI Holt Masonic Village is a not-for-profit Aged Care village surrounded by beautiful gardens and close to a local shopping centre in the north of Canberra. The staff at the village are committed to providing the best quality care to all the residents.

Through partnership with the ELDAC Linkages program and guidance from the wonderful ELDAC Linkages facilitator, RFBI Holt Masonic Village had an opportunity to develop a stronger structure and framework around palliative care.

Prior to participation in the ELDAC Linkages program, RFBI Holt Masonic Village recognised that their care staff and registered nurses could benefit from an opportunity to improve their skills around palliative and end of life care.

As part of the ELDAC Linkages program, staff were able to participate in workshops and intensive onsite training that provided a wonderful education in caring for residents at the most vulnerable time of their lives.

Through their participation in the ELDAC Linkages program, RFBI Holt Masonic Village has built a stronger relationship with the local community Palliative Care Team, with whom they now have regular monthly meetings to address the needs of deteriorating residents.

Staff members have developed confidence in assisting residents and their families with advance care directives and end of life care planning, enabling them to provide more tailored and compassionate support. Moreover, staff have learned to discern between different levels of deterioration, resulting in improved care outcomes for residents.

In collaboration with the ELDAC Linkages program, RFBI Holt Masonic Village has developed a range of palliative care resources, guidelines, and toolkits to aid both staff and families in navigating this challenging time.

Key outcomes

- Increased staff confidence and knowledge
- Improved connection to Palliative Care Team
- Improved recognition of deteriorating residents

"The invaluable support provided by the dedicated ELDAC Linkages facilitator has been instrumental in boosting staff confidence and building knowledge in providing the care at this most important time in a person's life."

Baptist Care Bethshan Gardens Aged Care Home

Residential Aged Care

Wyee,
New South Wales

Goal

To improve palliative care through early recognition of resident deterioration and develop a comprehensive system for advance care planning.

Highlights

- Staff initiating regular advance care planning conversations with residents and families
- Established a self-care room for staff to provides a safe space and resources for staff
- Dedicated specific ‘red folders’ containing resident advance care planning documentation to facilitate easy access

Designed with a people-first approach, Bethshan Gardens is located in Wyee, set in a semi-rural area on the central coast of New South Wales. Bethshan is surrounded by plenty of outdoor space and gardens, offering a welcoming, secure and a safe environment for our residents.

Bethshan Gardens welcomed the opportunity to participate in the ELDAC Linkages program where several opportunities for improvement were identified, including communication pathway development, knowledge exchange, and teambuilding.

Prior to joining the ELDAC Linkages program, Bethshan Gardens had highlighted advance care planning as an area for improvement as it is central to providing a palliative approach. BaptistCare has policies and processes in place to support advance care planning, however Bethshan Gardens felt they could improve their systems, processes, staff skills and knowledge. The BaptistCare advance care record is provided for all residents from admission and annually (as a minimum) to ensure they have the opportunity to undertake a meaningful record of their wishes if and when the person is unable to speak for themselves; thereby ensuring that they receive the palliative care they wish (including medical treatment, emotional and spiritual support).

> “We recognise deterioration much earlier, are using the palliative care assessment and have the skills and knowledge to detect changes. The program supported by the BaptistCare palliative care consultants has improved our use of the resources and assessments.”
>
> *Registered Nurse*

Following the implementation of the ELDAC Linkages program, several significant changes have been enacted. Firstly, all residents are now provided with meaningful and appropriate information regarding advance care planning from the moment of admission. Additionally, a comprehensive system has been established to record, communicate, manage, monitor, and transfer relevant documents. Furthermore, all registered nurses have undergone education and training to ensure their competency in conducting advance care planning conversations, using both ELDAC resources and the BaptistCare Policies and Procedures.

To facilitate easy access to end of life wishes, dedicated red folders now contain required documentation, securely stored within each unit.

Moreover, the presence of this documentation is indicated by red dots on the spines of residents’ clinical folders. Advance care planning conversations are now regularly held during care conferences and palliative care conferences, supplementing other necessary communications.

Additionally, all relevant stakeholders, including General Practitioners, palliative care Clinical Nurse Consultants, Specialist Palliative Care Teams, allied health professionals, and other team members, are kept informed as appropriate. Finally, a comprehensive pre- and post-implementation data collection and monitoring process has been instituted to track the effectiveness and impact of these initiatives.

A palliative care education workshop aimed at developing palliative skills and knowledge involved a palliative care specialist coming to the Bethshan Gardens and providing customised learning.

To address needs identified while participating in the ELDAC Linkages program, palliative care consultants from the BaptistCare Care Development Unit provided training in a palliative approach, including recognising deterioration and delivery of comfort care at the end of life. During the ELDAC Linkages program, implementing a palliative approach including more communication around advance care planning among the registered nurses (both existing long-term employees and new and emerging registered nurses), has increased awareness of resident choice and agency.

The BaptistCare Care Development Unit palliative care consultants support numerous homes, including those participating in the ELDAC Linkages program. This has given them insights into the benefits of the ELDAC Linkages program, the early identification of deterioration, and therefore the early referral to this team in a timely manner, rather than referral at later stages of resident’s deterioration. The case review rounds are now leading to better detection of resident changes and assessment in a timelier fashion. Even chaplains are recognising and reporting deterioration leading to a multidisciplinary approach.

The establishing of a self-care room, an initiative from participating in the ELDAC Linkages program, now provides a safe space for staff, it is a comfortable bright room with resources on self-care posted on the notice board.

The outcome of the ELDAC Linkages program involved the formation and implementation of the Bethshan palliative care committee. Supported by the BaptistCare palliative care consultants and lead by a senior registered nurse, the purpose of the Bethshan Palliative Care Committee is to provide a means for interested and motivated employees to engage, advise and provide feedback in relation to end of life and supportive care activities, which affect residents, families, staff, and volunteer wellbeing. All activities of this committee are related to the palliative approach and supportive end of life care and services with the purpose of promoting continuous improvement.

> “I feel I can better support my residents in the memory care unit right across their journey and at end of life, I have confidence to bring comfort through my skills in leisure and lifestyle.”
>
> *Lifestyle team member*

The group serves several key functions, including providing a supportive networking structure for palliative care, facilitating communication on initiatives to enhance palliative care outcomes, developing plans for initiatives such as managing palliative care resources and reviewing after death audits, promoting continuous improvement in the organisation’s palliative approach through resources like those provided by ELDAC on self-care and aged care standards, and offering a platform for sharing information and knowledge through internal and external speakers.

Key outcomes

- Improved identification by staff of resident palliative care needs
- Improved staff confidence with holding advance care planning discussions with residents and families
- Formation of a palliative care committee to engage, advise and provide feedback in relation to end of life and supportive care activities resulting in beneficial outcomes for both residents and staff
- Review of all resident advance care plans which are now easily accessible to staff when needed

“One palliative care committee team member (from hospitality) has been so inspired that she is now enrolling in a certificate of *Ageing Support*.”

Registered Nurse Educator

Baptist Care Warabrook Centre Aged Care Home

Residential Aged Care

Newcastle,
New South Wales

Goal

To improve the knowledge and develop capacity of their staff.

Highlights

- Participated in several training programs focused on advance care planning and palliative care upskilling of staff
- Established a palliative care committee to support and embed the palliative approach and the continuing provision of supportive end of life care and services

Designed with a people-first approach, Warabrook Centre in Newcastle is set amongst picturesque gardens. As a well-established aged care home that supports 153 residents, Warabrook's trained staff provide kind, friendly and personalised services including respite, palliative care and dementia care.

Warabrook welcomed the chance to participate in the ELDAC Linkages program to improve knowledge and develop capacity of their staff. Warabrook directed their efforts during their participation in the ELDAC Linkages program towards clarifying roles and responsibilities to streamline communication and coordination of care, ensuring access to appropriate services as needed. Central to this was improving knowledge and relationships with cross-sector services to promote integrated care delivery aligned with individuals' advance care plans. Other goals of participation in the ELDAC Linkages program included integrating needs rounds, improving the recognition of deterioration and end of life comfort stages, employing the Residential Aged Care End of Life Pathway, and reviewing bereavement, grief, and loss practices.

As a part of the ELDAC Linkages program activities, palliative care consultants from the BaptistCare Care Development Unit provided regular support and mentoring including education, coordination and resource management throughout the program. By engaging with the ELDAC Linkages program, Warabrook had the opportunity to participate in several training programs, which were aimed at developing skills in advance care planning and end of life care, including a focused workshop involving a palliative care specialist coming to Warabrook.

> "I feel so much more confident of what to do when someone is dying, I don't feel so nervous anymore."
>
> *Care worker*

Through the ELDAC Linkages program, Warabrook implemented a palliative approach, including communication surrounding advance care planning, and developed the knowledge and communication skills of registered nurses. Monthly case review rounds have been implemented, which are supported by the BaptistCare palliative care consultants and an external Nurse Practitioner under a local regional initiative.

As a result of the participation in the ELDAC Linkages program, thirteen employees have achieved certificates of attainment in two units of a certificate IV skills set.

In the one of the course units, learners were equipped with a comprehensive set of skills aimed at providing compassionate care to individuals nearing the end of life. Key learning outcomes included supporting individuals in identifying preferences for their quality of life, facilitating advance care planning, addressing pain and other end of life symptoms, contributing to the development and implementation of end of life strategies, and effectively managing emotional responses in both themselves and others.

In the other competency unit, learners delved into the practicalities and sensitivities of supporting residents and their loved ones during the final stages of life. Learning outcomes emphasised creating a calm and supportive environment, offering practical, emotional, and spiritual assistance throughout the active dying stage and immediately after death.

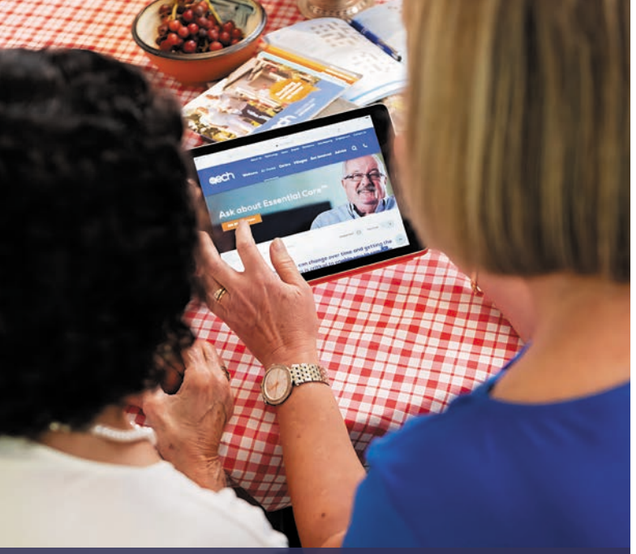
Following completion of the ELDAC Linkages program, Warabrook have established a palliative care committee to support and embed the palliative approach and the continuing provision of supportive end of life care and services.

Key outcomes

- Increased staff confidence in identifying residents who are deteriorating
- Increased awareness of providing a holistic approach to end of life care
- Increased staff confidence in holding advance care planning discussions with residents and their families
- Improved communication with local service providers
- Improved skills and knowledge of staff in end of life care

> Empowered, that's what I got from the training we've had and the stronger focus on end of life care. It's not just about the very end.
>
> *Registered Nurse*

> "The palliative care and end of life communication training units really gave me new skills and confidence. Recently when a resident was palliating I was able to offer the family my support. They were so grateful that they wrote a thank you letter to the home. I am keen to be involved in the newly formed palliative care committee."
>
> *Care worker*



ECH Inc.

Home Care

Parkside,
South Australia

Goal

To empower clients to live according to their wishes at the end of life by providing high-quality, community-based palliative care through a skilled and confident workforce.

Highlights

- Upskilled all levels of staff through accredited education programs and tailored training sessions
- Enabled hands-on practical training in newly established skills-based training rooms for care workers
- Built a strong foundation with robust policies and clarified roles to enhance service delivery
- Increased focus on palliative care within community care provision

ECH, a respected home care provider in South Australia, works to empower clients to live well and make their own choices as they approach the end of life. With around 550 staff members, including nurses, care workers, and allied health professionals, ECH supports more than 2,200 clients of diverse backgrounds across metropolitan and regional areas, growing significantly from 640 packages before the pandemic. Despite their dedication, ECH faced challenges, including limited resources, shifting aged care regulations, and the need for greater 'death literacy' among staff. Cultural diversity in the workforce also required thoughtful approaches to building confidence in palliative care delivery.

A staff member's personal experience caring for her mother through ECH services had highlighted gaps, emphasising the need for greater education and support. This feedback inspired ECH to engage fully with ELDAC, which provided resources to strengthen their approach. The ELDAC Linkages program played a pivotal role in helping ECH address their challenges.

"We have enthusiasm across our staff, and we have a real pride in what we are achieving."

ECH's aim in joining the program centred on equipping staff with the skills to help clients live according to their wishes. Their key objectives included enhancing the nursing workforce's ability to facilitate advance care planning, developing individualised palliative care plans, and training staff to recognise end of life stages using clinical tools.

ECH achieved many outcomes from the program, including the development of new policies and procedures to enhance palliative care, end of life care, and advance care planning for their clients. The clinical team created a specific palliative care assessment and care plan tailored to meet the needs of the clients, ensuring a structured and compassionate approach to care. They also embedded and validated assessment tools that supported more effective care planning and delivery, strengthening the quality and consistency of the palliative care provided.

Through ELDAC Linkages participation, ECH have significantly built capacity across their 320 home care workers. They identified 16 senior home care workers who stepped away from their traditional roles of client care to hold a mentor/buddy role. These 16 mentors received training and completed a registered training program in palliative care. They now buddy up with other home care workers to support, train and mentor palliative care provision for clients in their homes.

ECH has also upskilled care workers ensuring as many as possible receive training, which is now set to continue in an ongoing cycle. Self-care was also promoted across the service, highlighting the message that 'caring for yourself when caring for others' is a necessity not a luxury, also ensuring that access to self-care activities was widely shared.

Through ELDAC's support, ECH made significant progress in strengthening critical elements of their palliative approach in their home care service. Staff have become more engaged and confident, adopting new assessment tools and improving care planning. Communication within the organisation has grown stronger, with a shared language around palliative care that has unified the team. The Clinical Nurse Manager has led a successful awareness campaign, with hands-on training facilities established for practical skill development for care support workers.

These efforts have laid a solid foundation for sustainable, quality palliative care, with formalised policies and clarified roles. ECH's focus on community-based palliative care has allowed them to honour clients' end of life wishes, enabling them to remain at home with dignity and compassion. The transformation, supported by the ELDAC Linkages program, reflects ECH's dedication to improving end of life care.

"We realised we had been doing things in isolation and the ELDAC Linkages program gave us the opportunity to really navigate the landscape, scope it all out and start to really identify where we had to go next and to figure out how to get there."

Key outcomes

- Enhanced staff confidence and competence in delivering palliative care through comprehensive training and education
- Improved collaboration with specialists and other home services, leading to more cohesive and effective care for clients
- Increased client satisfaction and quality of life by honouring individual end of life wishes
- Established a strong organisational framework with clear policies and procedures to support sustainable, high-quality palliative care

The value of feedback to help raise awareness

A pivotal moment at the start of ELDAC was when our staff member's mother became unwell and became palliative, we subsequently provided palliative care services to her mother at her home. Our staff member provided us with good humour, stories and feedback about care they received at home through our service. This feedback was helpful and raised our awareness of being in the clients' shoes facing the challenges of care and support at home of a loved one who is requiring palliative care.

It was at that moment that we realised we had to act - we had already undertaken some improvement activities in various spaces with the PHN and through our palliative care network, but we realised we needed to have a more consolidated approach.

Through the ELDAC Linkages program, we have navigated and made significant change in our organisation. We have invested commitment, time and energy to make significant improvements and develop our service. Our amazing staff have been key to all our growth in processes and care delivery through the program.

Proudly we have improved our staff confidence in delivering good palliative care.

The program has presented us with opportunities for meaningful collaboration with our palliative care networks and this in itself has strengthened our position.

Through the program we developed a clear understanding of what was important. For the road ahead, we continue to develop the foundations to allow us to build adaptive capacity This is a continuing journey.

Our team and service is evolving, rising to many new challenges and we continue striving to provide excellent palliative and end of life care.

Anna Jones, Senior Clinical Manager

Sundale

Residential Aged Care and Home Care

Queensland
Sunshine Coast

Palmwoods Care Centre

Bowder Care Centre

Rod Voller Care Centre

Sundale In Home Care

Goal

Strengthen staff confidence, skills, and knowledge through education; develop existing relationship with the local Specialist Palliative Care Team; strengthen organisations advance care planning and palliative care processes.

Sundale is a community based, not for profit aged care organisation that supports the needs of its community through retirement communities, residential care centres and in-home support services. Sundale has been a part of the Sunshine Coast community since 1963 and is proud of its heritage and strong foundations.

As an organisation that places great importance on the provision of palliative and end of life care, the ELDAC Linkages program provided a perfect opportunity to reinforce relationships with local palliative care services and strengthen existing palliative and end of life processes. Four Sundale services participated in the program, including three residential care centres (Palmwoods, Bowder and Rod Voller) and one in-home care service.

Sundale's improvement goals included strengthening staff confidence, skills, and knowledge through education; developing existing relationships with local Specialist Palliative Care Teams; and strengthening advance care planning and palliative care processes.

One of the key outcomes of Sundale's participation in the ELDAC Linkages program was the development of a palliative care and advance care planning working group, which now meets quarterly and includes clinical nurses, palliative care champions, lifestyle coordinators, and the learning and development team. The working group provides a forum for sharing resources, reviewing after-death audits, reflecting on what was done well and identifying areas of improvement.

Sundale have been able to improve their collaboration and working processes with the local Specialist Palliative Care Team, with the three residential care centres now participating in fortnightly 'care rounding' meetings.

The routine completion of the ELDAC After Death Audit for all deaths was implemented into practice. An 'after-death checklist' was also created and has improved resident's family and staff bereavement support. The checklist, similar to an admission or discharge checklist, includes communication to key personnel when a resident passes away, including, for example with pharmacy and allied health.

Additionally, Sundale's existing weekly consumer review meeting has been expanded to include advance care planning and palliative care elements. A multidisciplinary team attend the consumer review meeting, chaired by a clinical nurse at each site, to discuss incidents and trends (a template was developed to support this multidisciplinary meeting).

The ELDAC Linkages facilitator supported each Sundale service to develop their program teams, undertake self-assessments, create individual action plans and work toward their improvement goals. Regular meetings, communication, navigation to appropriate resources and availability to problem solve, assisted each service to achieve their desired objectives.

Highlights

- Sundale hosted a 2 day Palliative Care Conference
- Improved connections and processes with specialist palliative care providers
- Sundale Palmwoods held an advance care planning event for residents and families with support from the local specialist palliative care service

Key outcomes

- Development of a palliative care and advance care planning working group to support and sustain improvements
- Improved working relationships and processes with specialist palliative care providers including implementation of regular 'needs rounding'
- Implemented fortnightly coordinators meetings to discuss and review clients care requirements (within the Sundale In Home Care Service)
- Improved collaboration with the Sundale Learning and Development team to support orientation of new care and registered staff to include palliative care and advance care planning training

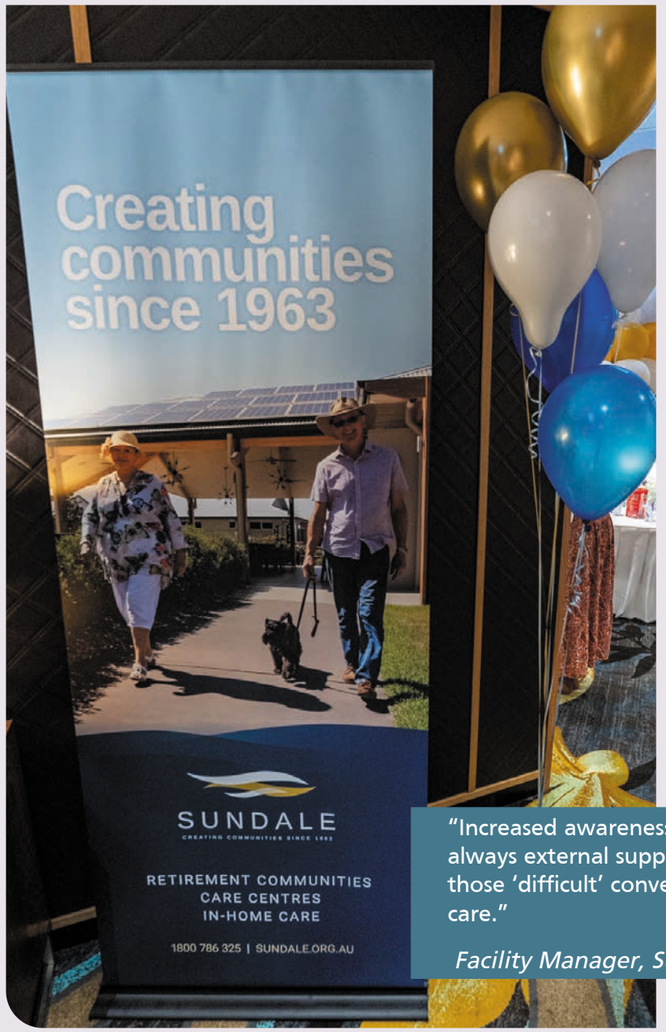
Sundale Palliative Care Conference

Sundale together with support from the ELDAC Linkages facilitator, primary health network, local specialist palliative care services and Sundale's Learning and Development team, hosted a two-day palliative care conference attended by nurses, carers, aged care workers and volunteers.

Key components of the program included:

- ELDAC and Linkages program overview
- Specialist Palliative Care Team: identifying deterioration, advance care planning, difficult conversations and symptom assessment
- Panel discussion on 'Needs rounding'
- Primary health network key initiatives outlined
- Nurse Practitioner presenting - Voluntary assisted dying
- Residential and care support services: preventable hospital admissions

The conference was a great success and improvements in knowledge, skills and confidence of staff were demonstrated.



"The ELDAC project has made a real difference in the lives of our residents. The learnings that we have received has made it possible for us to provide our residents with a higher quality of end of life care. The project has also helped to improve the morale of our staff and we are all grateful for the opportunity to learn new skills and techniques."

Service Manager, Sundale Bowder

"Increased awareness for the team and knowing there is always external support and resources that can assist with those 'difficult' conversations or concerns with end of life care."

Facility Manager, Sundale Rod Voller

St Joseph's Nursing Home

Residential Aged Care

Lismore,
New South Wales

Goal

To conduct a thorough review of the current model of care delivery to enhance the quality of palliative care provided to residents.

Highlights

- Registered nurses are now confident in recognising and managing deterioration in residents
- Leisure and lifestyle team are now confident in having the 'Dying to Talk' conversations with our residents

St Joseph's Nursing Home is a 130-bed residential facility in the Northern Rivers, New South Wales. The majority of residents require either high clinical care, or an environment that is specifically tailored to older people living with dementia.

St Joseph's have 106 dedicated staff and who encapsulate the values of compassion, respect and teamwork.

St Joseph's decided to participate in the ELDAC Linkages program following an internal end of life audit which highlighted that their cohort of newly graduated registered nurses were struggling to recognise and respond to deterioration, manage palliative medication, and manage the bereavement process.

Prior to commencing the ELDAC Linkages program, St Joseph's established that their challenges were three-fold.

Firstly, there were no robust connections with local palliative care services; indeed, rather a significant amount of misunderstanding and miscommunication.

Secondly, the younger clinical staff lacked the skills and knowledge to confidently manage palliative and end of life services.

Finally, many staff and residents' families had some level of confusion and lack of understanding around the differences between palliative care versus end of life care.

"The learnings for our staff and the benefits for both staff and residents have far surpassed our expectations."

The ELDAC Linkages program provided the perfect mix of training, support and resources to give the staff the help they needed to be the best they could be. As such, St Joseph's was concerned that they were missing the only opportunity they have to facilitate a calm, dignified, painless and stress-free passing for the resident and their loved ones.

The benefits of being involved in the ELDAC Linkages program (including the onsite intensive palliative care workshop) were many, and St Joseph's believes the positive impact will be experienced by staff, residents, and their families for many years to come.

Thanks to the ELDAC Linkages program, the registered nurses and clinical staff have gained confidence in identifying and managing residents' deteriorating conditions.

The integration of the SPICT (Supportive and Palliative Care Indicators Tool) has become embedded in practice.

Moreover, staff members now exhibit increased assurance and competence in offering tailored support to residents' families and loved ones, including knowing when and how to initiate crucial conversations.

Through the ELDAC Linkages program, St Joseph's has now established valuable connections with the local community palliative care service, clarifying roles and responsibilities and fostering a collaborative approach to palliative care in Lismore.

Efforts are underway to ensure that all residents have individualised advance care directives or advance care plans, replacing the generic 'resus' form. With the appointment of an advance care planning trainer on staff, the continuity of palliative care training is assured for both new and existing personnel.

Supported by participation in the ELDAC Linkages program, the Leisure and Lifestyle Team has now embraced conversations such as 'Dying To Talk' and 'What Matters Most,' instilling confidence in addressing sensitive topics with residents.

St Joseph's staff members are grateful for the opportunities provided through the ELDAC Linkages program and the support of the facilitator guiding the team through for the 'Self-Care' education, which has heightened their awareness of its importance and equipped them with the necessary knowledge to recognise their own needs.

Key outcomes

- Increased competence in offering tailored support to residents' families and loved ones
- Integrated the Supportive and Palliative Care Indicators Tool (SPICT) into their practices
- Established valuable connections with the local community palliative care service

A story of staff growth

One of our wonderful new RNs, let's call her Ava*, was looking after her first palliative resident, Emily*, who was beginning to show physical signs of deterioration and approaching the need for end of life pathway.

Ava had been one of the young RNs who had previously been very reticent about working on a 'high care' wing due to feeling that she did not have enough experience or skill to recognise when a resident was significantly declining.

Ava was a (very) active participant in the ELDAC Linkages program, she read every word in the ELDAC Residential Aged Care Toolkit, in the education workshop Training Manual, about advance care planning , and completed every recommended online learning module before anyone else. Ava was motivated to be the best, not just for herself, but to be a competent leader for her team and a confident and skilled nurse for her residents.

A few weeks ago Ava had her opportunity to put all her learning into practice. Ava recognised Emily's clinical deterioration and consulted all the information that, due to our participation in the ELDAC Linkages program, had been gathered about what was important to Emily at this time in her life. Information from her ACP, her 'Dying to Talk' and 'What Matters Most' conversations guided Ava to offer Emily the passing that she had wished for.

Emily's passing was calm, dignified and pain-free. Emily's room was filled with her favourite lavender perfume in the diffuser, Neil Diamond was playing softly, a cherished picture of her twin sister was next to her, and she was surrounded by love, lots of love.

That is the real power of the ELDAC Linkages program in action. A young RN who has grasped this opportunity will take this new found knowledge and experience with her, and will build on it throughout her career. And, even more importantly, Ava facilitated Emily's gentle, peaceful passing.

The learnings for our staff and the benefits for both staff and residents have far surpassed our expectations.

Manager – Aged Care (St Joseph's Nursing Home, Lismore) **names changed to preserve confidentiality*

Windermere Aged Care Facility

Residential Aged Care

Summer Hill,
New South Wales

Goal

To provide a culturally focused palliative care approach.

Highlights

- Broke down cultural barriers when discussing advance care planning end of life
- Avoided unnecessary hospital transfers at end of life by referring the resident to local palliative care service and initiating Palliative Care Conference.
- Initiated Case Conferences to improve family understanding of the signs and symptoms of end of life
- Developed strong links with a specialist palliative care team
- Increased staff confidence to manage more complex situations

Windermere Aged Care Facility has provided care for older Australians for over 30 years. As the first and only Korean-specific aged care facility in Australia, Windermere is committed to addressing the unique needs of the Korean community.

To enhance their services, Windermere decided to participate in the ELDAC Linkages program in order to provide a culturally focused palliative care service, with an emphasis on developing translated resources and strengthened connections with external service providers. An important impetus to joining the program was to equip the staff with the knowledge and confidence needed to identify early signs of deterioration and deliver personalised end of life care.

Additionally, Windermere hoped to overcome cultural barriers and facilitate open discussions about death with both family members and residents.

Cultural sensitivity is paramount in the approach of Windermere. In many Korean families, topics such as advance care planning and death are seldom discussed until the very end of life. This often results in delays in returning advance care plans during the admission process, requiring staff to spend considerable time explaining these plans. Moreover, there is a prevalent misconception within the community that palliative care is synonymous with end of life care. This has led to hesitancy among staff when discussing these topics with family members.

> "I would like to say that it was privilege to participate in the program and have a chance in improving the knowledge in palliative care by receiving valuable support and having access to the great range of resources."

Through the participation in the ELDAC Linkages program, Windermere has successfully reduced cultural barriers surrounding advance care planning and end of life discussions. By providing comprehensive education to their staff, they have improved their ability to recognise signs of deterioration, enabling timely palliative care case conferences and the initiation of end of life pathways. This has resulted in a decrease in unnecessary hospital transfers by referring residents to palliative care services promptly using their new defined access pathways.

To provide support to family members, Windermere developed translated Korean resources to enhance their understanding of palliative care.

Additionally, they involve Korean-speaking staff in palliative care services to ensure that families fully comprehend the process and expectations during these challenging times.

Key outcomes

- Improved staff knowledge in recognising the signs of deterioration
- Provided family members with translated Korean resources to improve their knowledge in palliative care
- Provided staff members with foundational palliative care and cultural upskilling
- Developed an RN Clinical Toolbox with specific resources related to deterioration end of life, clinical aspects, dying stage, and bereavement
- Improved systems for palliative care education by developing a structured plan to an education plan including induction and ongoing education

> "The ELDAC Linkages program provided the facility with the opportunity to identify various culturally specific resources which increased staff knowledge in Palliative Care leading to improvement in our service provision."

> "There is increased confidence now in our staff to manage these more complex situations."

> "Our Korean specific facility has grown through participating in the ELDAC Linkages Program – we have broken down our cultural barriers when discussing advance care planning and managing end of life symptoms within our cultural context."

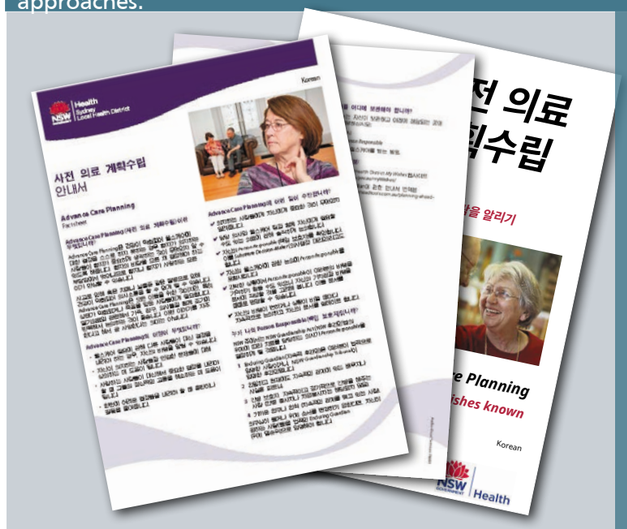
Building staff confidence

During the program, we developed strong links with the Residential Aged Care Facility Outreach Service in our local health district, where Specialist Palliative Care Korean speaking nursing staff are available.

The Korean speaking Specialist Palliative Care Nurse was so valuable in supporting us in our improvements, particularly in assessing the resident's condition. They also provided support and expertise in liaising with the family members to develop the care needs of residents' approaching the end of life. By having the staff on board when commencing the end of life care, the family members could be reassured by external health professionals (Korean Specialist Palliative Care Nurse) that there are other options for care rather than hospital, reassuring them that caring for them in the facility gives continuity and familiarity.

During the program, we've enhanced the process in detecting the resident's deterioration by implementing SPICT (Supportive and Palliative Care Indicators Tool) to assist RNs/Care Manager with arranging Palliative Care Conference in a timely manner to get everyone prepared well in advance.

Our facility was also able to provide increased targeted education in palliative care to all levels of staff. Our staff reported that they had all been able to improve their knowledge and gained more confidence in talking about palliative care and end of life care with family members. It's also noted that staff have improved their knowledge and skills in detecting signs of deteriorating so that the Care Manager could arrange the palliative care conference in timely manner. By having the end of life pathway well prepared, RNs were able to provide the end of life care which meets the individual's unique needs with the confidence and a greater understanding of specific cultural needs and approaches.



Uniting AgeWell Home Care

Home Care

Tasmania North, Tasmania

Goal

To improve palliative care by enhancing home-based end of life support through staff training, effective advance care planning, and strong partnerships.

Highlights

- Created an environment of fostered continuous learning and training
- Introduced palliative care champions ensuring consistent, high-quality care across all staff levels.
- Established a clinical pathway with a designated link nurse
- Provided selected educational resources to support care delivery and communication with clients

Uniting AgeWell Home Care, situated in Launceston in an agricultural area popular with retirees, was eager to improve palliative care, allowing individuals to stay in their homes throughout their life.

To enhance their palliative care approach, the team participated in the ELDAC Linkages program, addressing previous challenges in awareness and communication about end of life care. Workforce issues, such as establishing palliative champions, were initially a hurdle, but the program fostered a culture of continuous learning and awareness. Embedding a palliative approach in the induction and orientation process for new staff was a significant milestone to achieving their goal of enhanced palliative care delivery.

> "As a Home Care service, ELDAC Linkages program has greatly improved our capacity to provide end of life care to our consumers in their own homes."

Before completing the ELDAC Linkages program, there were instances of hospitalisation due to delays in identifying client deterioration and sourcing correct support. This was an area the team identified they wanted to work on to ensure they were able to respond in a timely supportive way to client's needs. The new initiatives made possible through the ELDAC Linkages program significantly improved the service's ability to support clients wishing to remain at home during the end of life.

Focusing on developing comprehensive resources and training for staff to deliver consistent and compassionate palliative care, the team created written and verbal communication tools, guidelines, and resources to support advance care planning, involving both clients and their families in discussions about end of life wishes. Training care workers in comfort care roles and identifying 'champions' within the team ensured that all staff had the skills and knowledge necessary for exceptional care.

Through participation in the ELDAC Linkages program, team members became more knowledgeable about specialist palliative care, leading to better referrals to specialist palliative care services (SPCS). Care advisors gained a deeper understanding of palliative care concepts, resulting in more personalised and effective care plans.

Strengthened relationships with the SPCS team facilitated seamless integration of services.

Intentional palliative care meetings fostered a collaborative environment. Initiatives like the Reverse PEPA and a two-day PEPA placement for RNs increased understanding of SPCS and access.

The home care service now has a clinical pathway with a designated linkage nurse connecting with the SPC team. Podcasts for care staff to listen to on their daily rounds and other resources continue to enhance the team's knowledge and skills. Through dedication and continuous improvement, the service has transformed palliative care delivery, creating a supportive environment for individuals to spend their final days at home, surrounded by loved ones. The program has given focus and supported the growth of their teams by raising their awareness of palliative approach to care and the services supporting clients in the community.

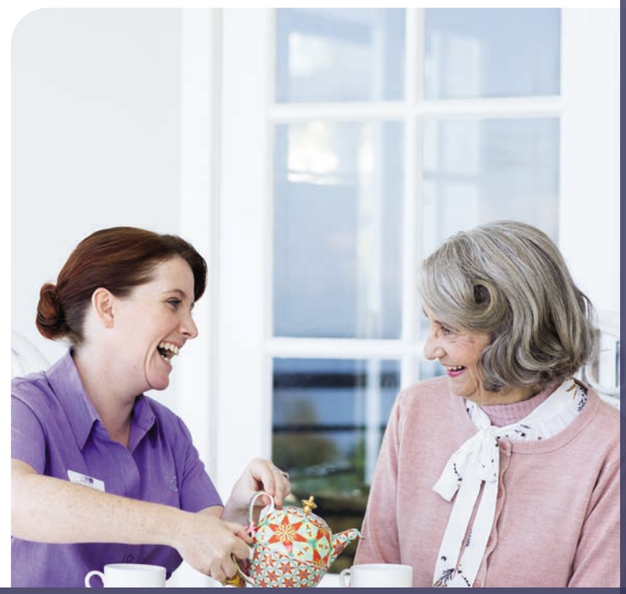
> "This ELDAC Linkages program is enabling us to sow the seeds for our service, building sustainability into our service to future proof our care model."

> "Knowing who is who in specialist palliative care team is most beneficial to support working together."

> "Having an intentional palliative care meeting about how we work together has been invaluable."

Key outcomes

- Enhanced palliative care delivery, allowing more clients to remain at home during end of life stage
- Achieved more effective advance care planning with comprehensive guidelines and communication tools
- Built stronger relationships with specialist palliative care services for better referrals and collaboration
- Built palliative care capacity in our Care Advisors who can now play a pivotal role in care planning
- Embedded sustainable change with a designated link nurse who connects with SPC team



Podcast as a means to communicate and engage with staff

As part of our ELDAC Linkages program, we participated in a 12-episode Palliative Care Podcast. This was a niche product that had a fairly limited internal circulation, but it was well-received by staff and was listened to by a wide range of staff from across various departments of the organisation. The idea was designed with the home care workforce in mind as they frequently work at a distance from the office, spend a lot of time driving between clients and can easily miss out on vital information updates and education and training opportunities. The podcast consisted of a series of planned conversations around palliative and end of life care issues that were from 15-30 minutes in duration – allowing staff to listen to an episode during their drive between clients. I believe this is an exciting opportunity for communication and engagement with our workforce to better equip them to understand a range of issues – in this case, palliative and EOL care.

Ann Bingham, Program Manager, Home Care Programs

Banksia Villages Limited

Residential Aged Care

Broulee,
New South Wales

Goal

To upskill staff in the provision of effective palliative care services to residents.

Highlights

- Strong working relationship with local palliative care team
- Proactive internal palliative care team involving RNs, ENs, care staff, lifestyle team, kitchen staff

Located in the seaside village of Broulee, in the heart of Eurobodalla's stunning nature coast (southern coast of New South Wales), Banksia Villages Limited (Banksia) is a leading provider of independent retirement living and fully accredited government funded residential, respite and home care for older people. All the various residential facilities at Banksia are planned around individual health and wellbeing needs and are co-located on the one site, providing convenience, flexibility, and dignity of choice.

Banksia became an active participant in the ELDAC Linkages program to upskill staff in the provision of effective palliative care services to residents. Seventeen members of staff, across all shifts, have been upskilled in palliative care delivery. The proactive internal palliative care team, comprising of Registered Nurses, Enrolled Nurses, care staff, lifestyle team and kitchen staff, now meets regularly, to develop, discuss and debrief on palliative care resources, guidelines, and toolkits.

Participating in the ELDAC Linkages program has yielded numerous benefits and positive outcomes for Banksia and its residents receiving palliative care. Banksia is now proactive in assessing residents' palliative care needs before admission, with clear communication between Banksia and the local hospital to ensure comprehensive care planning.

With wonderful guidance and support from the ELDAC Linkages program facilitator, Banksia has developed strong relationships with the local community palliative care team, local medical centres, as well as the local hospital care navigators. This strengthened relationship has led to engaging local health district volunteers to provide support for palliative care residents, and improved access to General Practitioners, who are readily available to address any concerns or queries regarding any of the palliative care residents, at any time of the day or night.

Leveraging several proven ELDAC linkage strategies including role clarification, multidisciplinary team structures, continuous quality improvement, effective communication pathways, and knowledge exchange and upskilling, has greatly enhanced the delivery of quality palliative care to residents.

Regular case conferencing now occurs with residents and their families, allowing for personalised care delivery, addressing individual preferences and providing essential emotional support during such a difficult and highly personal time.

The establishment of regular palliative care team meetings to review the palliative care residents has fostered collaboration and support among staff, encouraging open communication and the sharing of insights and concerns.

Banksia also embraced the educational opportunities made available through the ELDAC Linkages program, with ongoing staff training in palliative care remaining a cornerstone of Banksia's high-performance standards.

Banksia's embracing of the ELDAC Linkages program, including ongoing completion of ELDAC After Death Audits to identify any gaps and opportunities for improvement, demonstrates its commitment to excellence and professionalism in palliative care within the Eurobodalla community.

Key outcomes

- Embraced staff training with ongoing opportunities to maintain high level of palliative care
- Strengthened relationships with local medical centres and General Practitioners
- Established a regular team meeting for debriefing and review, and staff support
- Improved communication between Banksia and the local hospital

"Banksia would like to take this opportunity to thank our ELDAC facilitator for her guidance and for assisting us with the ELDAC Linkages program. We have learned so much from her. Our team has developed confidence and has been so enthusiastic about delivering the very best available palliative care."

The Care Manager

Anglicare Southern Queensland

Residential Aged Care and Home Care

Queensland

Symes Grove, Taigum
St Martin's, Taigum
Brisbane North Home and Community Service, Stafford

Goal

To strengthen our approach to providing palliative care and advance care planning for Anglicare clients, residents and families.

Highlights

- Presented outcomes at an Anglicare research forum showcasing how seniors can be better supported to live their best lives

Anglicare Southern Queensland (Anglicare) has proudly provided services to people in Queensland for the last 150 years. Anglicare connects with clients and residents at varying stages of their illness trajectory with compassion and humility with a focus on supporting people to live a life with meaning, purpose, and value. As part of the Anglican Church Southern Queensland, Anglicare shares the mission of the church and provides residential, community, retirement, and home care.

Anglicare has eight residential and six home care services from the Gold Coast in the south, to Townsville in the north. Three Anglicare services, including two residential homes and one home care, participated in the ELDAC Linkages program.

Symes Grove, with 105 beds, and St Martin's with 84 beds are residential homes both in Taigum in Brisbane's north. Anglicare's Brisbane North Home and Community Service covers Stafford, Caboolture, Zillmere, and Kilcoy regions.

Anglicare valued the opportunity to participate in the ELDAC Linkages program as a complement to its strategic vision, clinical and care governance, and best practice benchmark for palliative care service delivery.

Following completion of the pre-implementation self-assessment audits and service mapping activities at the beginning of the program, common improvement goals were identified and shared by all three participating Anglicare services. These were:

1. Improve linkages and processes with specialist palliative care providers
2. Develop a palliative care and advance care planning working group to drive improvement goals
3. Upskill staff in palliative care and advance care planning through education and training

Advance care planning conversations can often be difficult for staff to initiate. Support with communication strategies to build confidence in staff to have these conversations was identified as an area for improvement across both residential and community care services.

Through participation in the ELDAC Linkages program participating services were able to improve the capacity of their workforce.

Through both online and face to face education courses, both registered and enrolled nurses, as well as care and hotel services staff, had the opportunity to improve their knowledge of a palliative care approach and end of life processes.

Following this training, staff were more equipped and less apprehensive about care of residents at the end of life, family communication, difficult discussion, and after death care.

Anglicare has reviewed and redefined palliative care process and policies, participating services developed a palliative care and advance care planning working group to support and implement improvements in their palliative care process with the involvement of multi-disciplinary team.

The ELDAC Linkages facilitator coordinated face to face meetings with relevant specialist palliative care providers and Anglicare service teams. These were invaluable opportunities and facilitated clarification of roles, referral processes and greatly improved communications and connections. This has improved Anglicare's awareness of accessing and utilising these services when residents' needs are changing and additional support is required.

Throughout Anglicare's participation in the program, the facilitator navigated the process and assisted with access to resources and links to support staff education/training, advance care planning, end of life pathways, self-care, and bereavement. Resources available for residents and families have also been reviewed and updated.

Following completion of the program, the ELDAC Linkages facilitator and the Anglicare Quality and Education Partner were delighted to present at a senior's research forum webinar hosted by Anglicare showcasing recent research focusing on how seniors can be better supported to live their best lives.

"Our facilitator was knowledgeable, supportive, and encouraged us through the project. She gave us reassurance and complimented us on our work. The monthly meeting was beneficial to touch base and gave ideas for improvement. Meetings kept us on track".

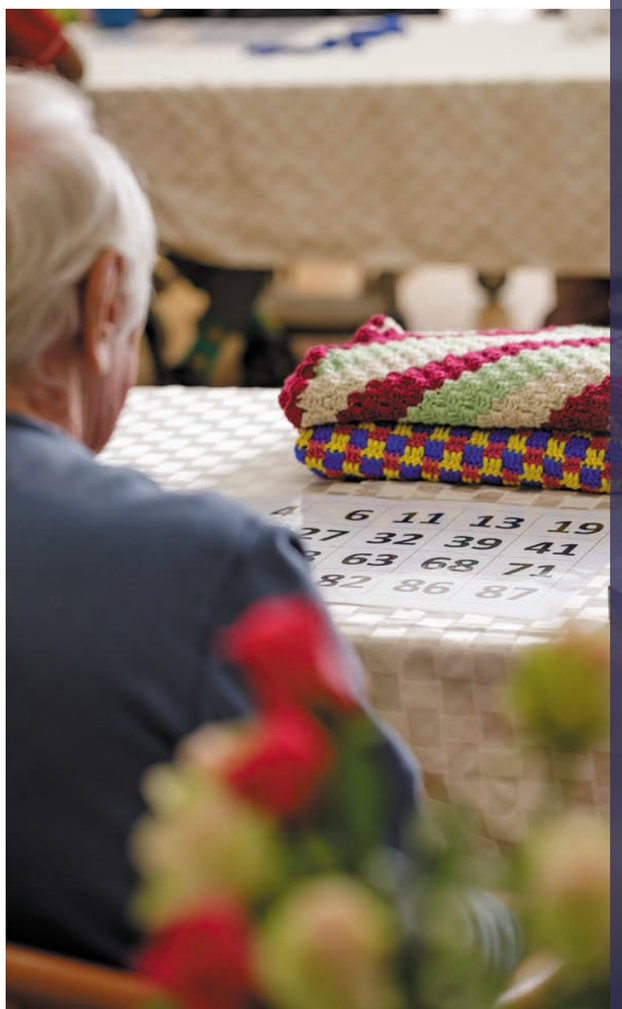
Staff member, Symes Grove

Key outcomes

- Improved workforce awareness and capacity in end of life care provision
- Developed a palliative care and advance care planning working group to support improvement activities
- Enhanced connection with and understanding of referral process to specialist palliative care providers

Since the commencement of the ELDAC Linkages program we have improved our connection with the Specialist Palliative Care Team and we have a better understanding of their role.

Clinical Nurse, St Martin's



Bolton Clarke Beechwood

Residential Aged Care

Bankstown,
New South Wales

Goal

To build capacity across our team to provide quality palliative care.

Highlights

- Upskilled teams on palliative approach to care
- Built confidence in new graduate RNs
- Strengthened communication and emotional support to resident and their families
- Improved access to evidence based palliative care resources and information

Bolton Clarke Beechwood (previously part of the Allity Group at time of participating in the ELDAC Linkages Program), is located in Revesby in the City of Bankstown. It is an established facility that provides high-quality aged care in a friendly residential environment.

The team actively worked towards enhancing support for residents and their families to better understand palliative care processes, and guided by the ELDAC Linkages program, they set key objectives.

Through the program, they hoped to build staff confidence in having open, compassionate conversations around palliative and end of life care. A primary focus was selecting and implementing core resources that enable care staff to communicate effectively, ensuring that all parties feel supported and informed throughout the care journey.

For Bolton Clarke Beechwood, building the team's understanding of a palliative approach was essential, with a comprehensive education program in palliative care and advance care planning viewed as a very important step. By incorporating introductory palliative care resources into the new staff orientation program and providing various learning modes, staff had the opportunity to achieve some foundational palliative care upskilling at the start of their employment. The Beechwood leadership team believed that staff, particularly RNs, were gradually gaining confidence, especially in moments requiring sensitive communication with families.

Refreshing their comfort care resources to support clinical care was another important part of this journey. Bolton Clarke Beechwood reviewed and relaunched its palliative care trolley, a fully stocked resource that ensures staff are prepared to support residents at the end of life. Training on this resource is helping the team deliver comfort and quality end of life care with more confidence.

While navigating competing priorities has been challenging, Bolton Clarke Beechwood endeavoured to stay committed to their goals. With leadership transition during the program, regular facilitation and ongoing support continued through their participation in the program to help the team to remain on track. Gradually, the vision for their staff to gain confidence in engaging in meaningful conversations with residents and families, supported by practical tools and resources from the ELDAC Linkages program is being realised.

Through the program, Bolton Clarke Beechwood has strengthened its connections with the Specialist Palliative Care (SPC) team, opening opportunities for resource-sharing and expanded knowledge. This linkage, along with focused training on breaking difficult news and managing case conferences, is improving interactions with families, enabling the team to respond more effectively to residents' needs. Staff have also gained confidence in using end of life medications and discussing topics like opioid medications, enhancing the facility's overall care approach.

Although Bolton Clarke Beechwood was unable to meet all their goals they had set during their participation in the Linkages Program, they still recognise and value the importance of these goals and aim to continue towards positive outcomes. As they work towards improved communication, accessible resources, and growing staff confidence, they move closer to achieving a model of care that honours the dignity and preferences of each resident.

Key outcomes

- Introduced the recognising deteriorating resident flip charts for RNs
- Included palliative care in the orientation checklist for all levels of staff
- Built a resource bank to support our nurses and care workers to plan and communicate with residents and family

"We started out on the ELDAC Linkages program needing support for our palliative approach particularly around building confidence in our teams. Since ELDAC Linkages program and undertaking some key initiatives, we have had significant change through this journey.

We have come a long way and RNs are getting more confident with guiding and supporting end of life care."

Manager

Bolton Clarke Walkerville

Residential Aged Care

Adelaide,
South Australia

Goal

To improve the quality of palliative care through enhanced staff training and stronger collaboration with specialist palliative care services.

Highlights

- Implemented the RAC End of Life Care Pathway (RAC EoLCP)
- Upgraded palliative care trolleys with personalised items to support holistic care
- Appointment of a dedicated palliative care lead role to provide expert guidance and ongoing staff support

Bolton Clarke Walkerville (previously Allity Walkerville Aged Care) in Adelaide, South Australia, is located in the inner northern suburbs alongside the picturesque River Torrens. The facility offers a wide range of care services, including permanent, respite, palliative, and dementia care. With a commitment to promoting independence, choice, and person-centred care, Bolton Clarke Walkerville's mission is to help residents 'live a life of fulfilment.' The home supports 153 residents from multicultural backgrounds, with care provided by over 180 staff members who bring diverse cultural and professional expertise.

"ELDAC Linkages program provided us the opportunity to review and improve care delivery and introduce new systems and upskill our teams."

Recognising areas for improvement in palliative and end of life care, Bolton Clarke Walkerville joined the ELDAC Linkages program to improve connections with the Specialist Palliative Care Team and clarify referral processes. An additional goal was to elevate the number of residents with advance care directives.

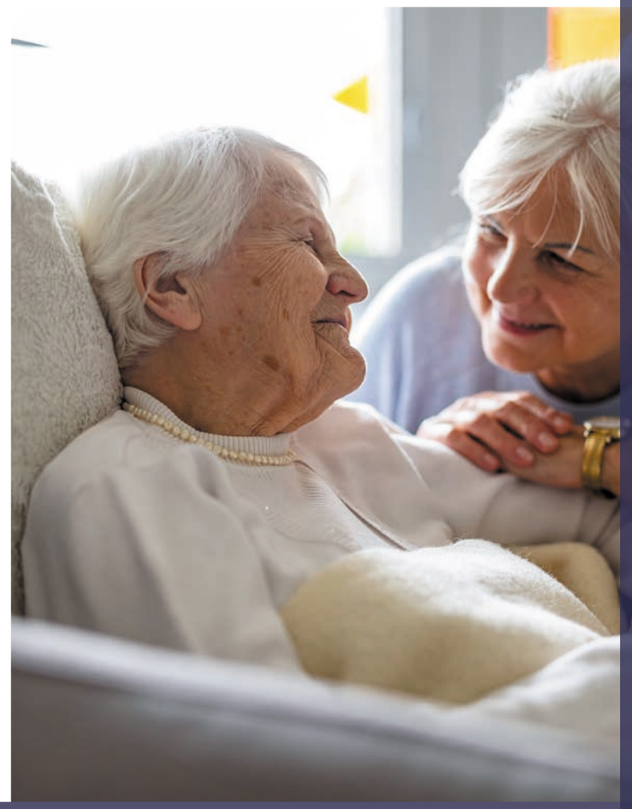
The program offered a chance to transform care delivery, introducing a multidisciplinary team model that integrated input from general practitioners, allied health professionals, and care staff. This holistic approach has enhanced case conferences with residents and families, creating clearer, more collaborative care planning.

The introduction of the Residential Aged Care End of Life Care Pathway (RAC EoLCP) has established a structured framework, improving care quality and accountability. Proactive recognition and management of residents' health deterioration have become more effective, while direct connections with specialist palliative care services now ensure timely and appropriate referrals. Education and training made possible through the ELDAC Linkages program have been pivotal: staff have gained confidence through in-house sessions, PEPA programmes, and using tools like the Opioid Converter and palliMEDS app.

Significant strides have also been made in advance care planning, with uptake of advance care directives rising from 47% to 100%, supported by new guidelines and staff training. Palliative care trolleys have been upgraded to include personalised items, enhancing holistic care delivery.

The appointment of a dedicated palliative care lead has further strengthened support for staff and ensured expert guidance.

The program's success, underpinned by the guidance of the ELDAC Linkages facilitator, has empowered the team, increased their skills and confidence, and created a lasting impact on the quality of palliative and end of life care.



Key outcomes

- Increased advance care directive uptake increased from 47% to 100%, supported by new guidelines and staff training
- Strengthened multidisciplinary care planning with input from GPs, allied health professionals, and care staff
- Improved recognition and management of health deterioration, ensuring timely specialist palliative care referrals
- Enhanced staff confidence and capability through education, including in-house sessions and PEPA programmes

Elizabeth's Story

Allity Walkerville Aged Care was the home for our resident Elizabeth for more than 6 years. She was very close to her children and family. They wanted to be regularly updated especially after Elizabeth showed signs of slow and gradual deterioration.

When Elizabeth's daughter went overseas, she requested to be contacted and updated regarding Elizabeth's status via electronic email. Through our regular updates, her daughter was able to make plans to ensure that she could still be present with Elizabeth during her remaining days.

Elizabeth's daughter expressed her appreciation at receiving our continuous updates on her mother so that she was able to be present and spend quality time with her mother at her end stage of life. We received heartfelt feedback from Elizabeth's daughter, which made us realise the difference we made for the family through our clear communication and updates on her mother.

This made us proud of our staff who now had the skills and confidence to provide the best outcome for Elizabeth and her family.

Through the ELDAC Linkages program, we have given our staff training and upskilling which empowered them to the provide prompt and holistic palliative care to our resident. The clinical team have more tools to enhance our care and help support our residents and family through the process.

Our communication and conversations with Elizabeth's family and the multidisciplinary team improved because of our new processes, upskilling and system changes. We were more confident. Importantly also, the program facilitated the strengthening of our connections with the Specialist Palliative Care Team, which gave us the support and guidance we can always call on.

We are grateful for the opportunity to be included in the ELDAC Linkages program and to be supported by our ELDAC Linkages facilitator. The program provided us guidance that help identify how we can improve our care. Our facilitator guided us and provided us direction to education, programs and organisations to upskill our staff.

RN, Palliative Care Lead, Bolton Clarke (Allity) Walkerville

Respect St Ann's Nursing Home

Residential Aged Care

Hobart, Tasmania

Goal

Empower staff, fostering confidence in their roles and skill development, and to promote a proactive approach to palliative care.

Highlights

- Knowledge shared among all staff members
- Increased palliative care literacy of staff
- Increased understanding of how to best support residents in palliative care phase

St Ann's, located in Hobart Tasmania, has a long and proud history of providing care for aged residents, opening its doors in 1922 as one of the first 'care homes' in Australia. It accommodates over 100 residents, offering a range of services, from residential aged care to palliative care, respite care, and secure dementia care.

St Ann's welcomed the opportunity to participate in the ELDAC Linkages program, which helped them identify gaps and overcome challenges in palliative and end of life care. Participation in the program has shaped another chapter in St Ann's long history.

Engaging in the ELDAC Linkages program not only broadened St Ann's access to valuable resources and expert guidance but has also strengthened connections with local palliative care providers, fostering a more integrated and collaborative approach to care.

Throughout the ELDAC Linkages program, St Ann's primary focus has been on empowering their dedicated staff. Efforts were directed towards building confidence, enhancing skills, and instilling a proactive mindset regarding palliative care.

"The ELDAC resources and linkages with the other services is helping us to work towards our service goals."

A staff member

The ELDAC Linkages program has enabled this positive change and has created a nurturing and collaborative environment, uniting all team members in delivering effective and holistic palliative and end of life care for the residents.

Improvements have manifested in a noticeable boost in staff knowledge and confidence, including the ability to initiate conversations about advance care planning and palliative care with residents and their families. Participation in the ELDAC Linkages program has also led to more open discussions and understanding of residents' preferences.

With the help of the ELDAC Linkages facilitator the team have embraced a person-centred approach, leading to improved relationships with external services. This has transformed St Ann's communication and collaboration with General Practitioners and other palliative care services, resulting in a notable reduction in hospital transfers.

Other tangible outcomes that have been achieved through the ELDAC Linkages program include access to evidence-based resources to support care.

St Ann's have incorporated palliative care toolkits, developed through the program, which support care planning and communication with residents and families. Additionally, the introduction of palliative care booklets for all staff has strengthened the general understanding of palliative care in aged care, demystifying the topic and improving palliative care literacy.

Palliative care and advance care planning has now been included in the orientation program for new care and clinical staff. Introducing the topic of palliative care and advance care planning at the start of employment aligns with St Ann's renewed approach and provides key information at the start of the journey, for both new staff members and the residents under their care.

St Ann's recognised the cultural diversity across their staff and were keen to ensure there was a clear model for staff to follow along with the confidence and resources available to their staff to provide holistic care.

Since participating in the program, linkages with the Specialist Palliative Care Team have been strengthened. There is an increased understanding of the role of the specialist palliative care service and how both services can work together to achieve the best possible outcome for residents.

The ELDAC Linkages program has helped St Ann's evolve the end of life process and introduce a greater level of support to families and residents.

Key outcomes

- Improved resident outcomes for their palliative and end of life care
- Improved communication and collaboration with GPs and other palliative care services
- Reduced preventable transfers to hospital
- Improved staff access to support and best practice palliative care training, resources, and workshops
- Staff upskilled in palliative care and advance care planning
- Established linkage with the Specialist Palliative Care Team

"Through the program we had the opportunity to learn about palliative care. We learnt about medication used and learnt more about the frequency, providing comfort care to family members. With English as a second language it can be a bit overwhelming when communicating with families. We were able to learn more about how to communicate with family members and how to remain calm in our communication."

A staff member.

Building staff confidence

When we started the ELDAC Linkages program, we had a key goal to empower staff to have confidence and explore their roles and skill development. We had clinical tools for use in our day-to-day practice, but we wanted our staff to have more confidence in using them and to understand what they mean. We wanted to be more proactive in our palliative care approach.

Being part of program has provided invaluable opportunities for staff to up skill in palliative care and advance care planning, creating a more informed and capable workforce in general.

A most satisfying outcome has been the trust shown in the care home, with more residents and families now opting for care at St Ann's, a true and real testament to the positive impact of the program.

The dedication to the ELDAC Linkages program and the guidance offered by the facilitators has brought compassionate and effective end of life care to St Anne's.

"We were able to improve our linkages across the board in our state with specialist palliative care services, our state palliative care service, our local hospital, and our local primary health network."

CEO

Queen Victoria Care

Residential Aged Care

Lindisfarne, Tasmania

Goal

Establish more robust palliative care systems and develop a holistic roadmap for palliative care for all areas of staff.

Highlights

- Identified and addressed gaps in palliative approach
- Improved the quality of resident care when approaching end of life
- Created more awareness in palliative care within the QVC community
- Embedded an improved system for palliative care delivery

Nestled in the heart of Lindisfarne on Hobart's Eastern Shore, Queen Victoria Care (QVC) has offered aged care for over 130 years. It has a community of 136 beds in residential aged care.

With a mission to be a centre of excellence for an ageing-well community, providing respectful, compassionate, individual care, QVC was eager to participate in the ELDAC Linkages program to provide the best end of life care to each resident.

Enrolment in the ELDAC Linkages program afforded this service an opportunity to reflect on their strengths and needs. First and foremost, they acknowledged that providing quality palliative care was central to their purpose. Prior to commencement of the ELDAC Linkages program, the QVC team were aware that there was a need for a more consistent approach in recognising and responding to signs of deterioration across the clinical care team. This set them on a course of exploring an overall model and flow of care that ensured a quality approach. Committed to their charter to provide the best possible care to residents, the QVC team took every opportunity offered by the ELDAC Linkages program to enhance the confidence, knowledge and systems so that each staff member, no matter their role, has a place in palliative care provision.

"There is a sense from our team that everyone is involved, and everyone is appreciated - we have had transformation in our culture top down."

Jacqui Marden, CEO Queen Victoria Care

The ELDAC Linkages program facilitated the establishment of a dedicated palliative care steering group to guide all initiatives, including the seamless integration of systematic clinical approaches and evidence-based tools into practice. Collaboration across disciplines became central to palliative care, with regular case conferences ensuring comprehensive care planning. Staff upskilling became a priority, with palliative and end of life care integrated into orientation and education calendars.

QVC published a palliative care information booklet for families that provides support information comfort for families to reduce fears and concerns. The goal was to explain the 'QVC way' to support a resident and their family and friends though their end stage of life.

Exploration into how a resident and family experienced the end stage of life led the team to focus on their environment, equipment, and setting in the last days of life. The enhancements implemented provide a clear visual message to both staff and families of this renewed focus of care and support.

Community education events on palliative care and advance care planning were initiated at QVC for families with great community and family interest, resulting in increased resident uptake of advance care directives. A culture of awareness and understanding among all staff emerged throughout the ELDAC Linkages program.

The invaluable support, encouragement, and knowledge provided by the ELDAC Linkages facilitator propelled QVC's palliative care journey forward. Strong QVC leadership and support from management in turn supported the key steering group to achieve their strong outcomes and best possible palliative care experience for residents.

The ELDAC Linkages program has enabled positive changes, fostering an environment where compassion and excellence thrive. QVC's approach to palliative care is now structured and holistic, addressing gaps and elevating care quality towards the end of life.

Key outcomes

- Developed an improved model for palliative care delivery
- Developed a structured clinical approach to a deteriorating resident
- Introduced evidence-based clinical tools and assessments
- Developed a palliative care multidisciplinary team approach
- Improved case conferencing with residents and families
- Upskilled all areas of staff, building confidence and knowledge
- Included palliative and end of life care in orientation and education calendars
- Built a culture of awareness and understanding of the palliative approach across all areas of staff

"We have re-found our heart centre and are now developing and improving the skills, knowledge and confidence of all our staff in their palliative approach."

CEO

Staff perspectives

At QVC a palliative approach isn't just about death and dying, we want to celebrate life. We believe that 'dying in place' should be available to all our residents, should they wish. We actively support our residents to remain at QVC for their palliative journey, helping them to remain in their home, surrounded by their loved ones and the familiar faces of staff who know and care for them.

Our goal is to ensure respect, dignity and comfort for our residents and support for their families and loved ones. It is an honour and a privilege to be involved in a person's death and should be treated as such. We want to achieve this by upskilling and exchanging knowledge for our palliative approach and develop stronger linkages to support a holistic approach to care planning and delivery. Our participation in the ELDAC Linkages program, with its guidance, support and resources has been a catalyst for this change.

Whilst our palliative care process and delivery is still evolving, our palliative care team has identified specific areas of development and training that our staff would like to help improve their palliative care delivery. Staff and families are commenting on the change in our palliative approach and care delivery, the below quotes from a family embody the positive changes we are making.

"We are extremely grateful for the care Dad received during his time at QVC. We would like to acknowledge the incredible compassion, professionalism and depth of rapport many people were able to afford Dad. We found each and every one of the people involved with Dad to be amazing human beings who did everything they could to make his last years as best as they could be. This amazing depth of caring was also extended to us during Dad's last days when we stayed in his room. We were constantly humbled by the compassion and love extended to us by every person including chefs, nurses, carers and cleaning staff. The addition of the lovely linens on Dad's bed, the diffuser, lamp, beautiful tea trolley and butterflies on the door all added significantly to our feelings of being cared for in such a warm way."
Family member, QVC (name withheld due to privacy)

Nanyima Aged Care

Residential
Aged Care Facility

Mirani,
Queensland

Goal

To develop collaborative, multidisciplinary relationships with local palliative care providers and embed sustainable processes into practice.

Highlights

- Building strong partnerships with the local specialist palliative care provider
- Promoting palliative care awareness across the whole Nanyima team, from nurses to the catering staff

Nanyima Aged Care is a community aged care service provider located in Mirani in tropical North Queensland, approximately 40 kilometers west of Mackay. Mirani is a small regional town, nestled among green, tropical sugar cane farms and the Pioneer River, on Yuwibara country.

The Nanyima origin story is inspirational. Commissioned by the community and built solely on grants, donations and fundraising, its links to the community are strong. In November 2023, Nanyima celebrated the 30-year anniversary of their first admission. Over time, the service transitioned from a retirement village to a 51-bed aged care service.

As a rural and remote service provider, Nanyima identified barriers to the provision of quality palliative care prior to partaking in the ELDAC Linkages program. The Facility Manager recognised that the ELDAC Linkages program could provide the catalyst needed to make sustainable changes to work practices. Gaps and improvement areas were highlighted as part of the pre-implementation audits.

Working alongside their ELDAC Linkages facilitator, key focus areas were identified for improvement. It was recognised that one of the service's greatest strengths was its team members. Nanyima also sought to develop collaborative, multidisciplinary relationships with local palliative care specialist providers, with the support from the ELDAC Linkages facilitator and resources on the ELDAC website.

Nanyima staff were invited to submit an expression of interest to join the palliative are and advance care plan working group. This group discussed outcomes of audits, priorities, and goals. The working group includes registered nurses, carers, catering, operations, administration staff, allied health providers and family members. Regardless of their department, all staff have a shared goal of gaining confidence in advance care planning, palliative, end of life and after death care. The clinical co-ordinator took on the role of champion for this project.

A key clinical element identified for improvement was recognising deterioration in residents. With guidance from the ELDAC Linkages facilitator, the service invested in education with specialist palliative care providers, using specific tools to help staff identify these changes when caring for residents. These tools allowed early initiation of palliative care and commencing the end of life pathway.

Participation in the ELDAC Linkages program has supported other new initiatives, including face-to-face meetings with the local Specialist Palliative Care Team, greatly strengthening this relationship.

Nanyima now conduct monthly needs rounds at the bedside of identified residents. The local specialist palliative care nurse is involved in this process, along with staff and family members. These rounds provide valuable insight into planning future care. By including family earlier, they are prepared and more accepting of the process, and residents feel that their end of life care will be considered seriously by all members of their healthcare team.

As staff continue to care for the residents, they also wanted to contribute to the joy and quality of their life and promote a culture of valuing and respecting the lives they have lived. This idea formed the basis for the Wishing Line project. Lifestyle Staff recorded a special wish from each resident and pegged these onto a washing line to display. Staff and community members have taken on the task of granting these wishes, as a way to provide a special experience to the residents and honour the connections made during their time at the service.

The post implementation feedback identified that Nanyima is now well-established in its partnering with specialist palliative care. Completion of the ELDAC After Death Audits have provided a valuable means of reflection, and staff recognise that care outcomes are now aligning with the wishes of residents and family. This is a result of the enhanced linkages between Nanyima and specialist palliative care providers, and the increase in staff confidence and knowledge.

Nanyima is confident that these actions will continue to benefit its residents from their first till their last day.

Key outcomes

- Improved linkage with specialised palliative care service, including scheduled meetings and needs rounds
- Developed an internal palliative care and advance care planning working group
- Updated resources, policies, and procedures relevant to end of life care
- Embedded after death audits into processes and reviews
- Fast-tracked and highlighted a 'Wishing Line' for residents
- Increased staff confidence, skill and knowledge of palliative care and advance care planning

Fronditha Care Clayton

Residential Aged Care

Clayton, Victoria

Goal

To enhance knowledge of palliative care to provide quality care for residents and their families at end of life.

Highlights

- Meeting regularly with the local palliative care service means that residents on palliative care pathways are identified earlier
- Commitment by the whole team, including GPs, to ensure that the needs of residents and their families are being met
- As staff confidence has grown, families are receiving education and support at an earlier stage

Fronditha Care Clayton is a culturally specific service located in Clayton in Melbourne's south-eastern suburbs that provides high quality care and culturally appropriate care for elder members of the Greek community. Fronditha Care Clayton provides permanent and respite care of all levels, as well as dementia specific care in their Memory Support Unit.

Fronditha Care Clayton participated in the ELDAC Linkages program, recognising the program as a perfect opportunity to enhance knowledge of palliative care.

One of the key challenges identified prior to the ELDAC Linkages program was around educating families about the advantages of advance care planning, and the importance of having a clear plan in place for palliative and end of life care. Many families did not wish to discuss end of life care or resuscitation status, which meant that many residents were transferred to hospital at end of life instead of being cared for in their home (in the facility).

The focus on enhancing end of life care within Fronditha Care Clayton, enabled through the ELDAC Linkages program, has yielded significant improvements across multiple fronts. With a concerted effort and support from the ELDAC Linkages facilitator, Fronditha Care Clayton has been able to effectively increase staff knowledge surrounding palliative and end of life care, observing a notable progress in their ability to identify residents' deterioration at earlier stages.

Moreover, by actively involving families earlier in the end of life care journey, Fronditha Care Clayton have fostered stronger relationships with the families all to the benefit of resident well-being.

Fronditha Care Clayton's participation in the ELDAC Linkages program has played a pivotal role in elevating the quality of end of life care at Fronditha Care Clayton and has contributed to staff confidence and well being.

> "By our close association with our local community Palliative Care Team we are now able to provide a higher quality of palliative and end of life care to our residents and families."

Key outcomes

- Enhanced end of life care in the facility
- Increased staff knowledge around palliative and end of life care
- Earlier identification of deterioration
- Improved all palliative care process, leading to positive outcomes for palliative residents and families

A note from a staff member

Through the ELDAC Linkages program we were able to engage with specific aged care palliative care education onsite. Ten of our staff attended training and have gained skills, and are sharing their knowledge with other staff members.

Regular monthly 'Needs Round' meetings are held with the five unit co-ordinators and a representative from local community Palliative Care Team. These meetings assist us in identifying deteriorating resident and to organise family meetings to prepare relatives for the death of their loved ones.

Uniting Tamworth

Residential Aged Care

Tamworth,
New South Wales

Goal

To improve staff confidence, skills, and knowledge in communicating palliative care needs and managing symptoms effectively.

Highlights

- Strengthened connections with the local palliative care unit, local GPs, and pharmacists to improve access to expertise and resources
- Delivered targeted staff education to enhance palliative care skills and communication
- Embedded continuous quality improvement processes and the recruitment of palliative care champions to drive best practices

Uniting Tamworth Residential Aged Care provides care across two well-established facilities in Tamworth, New South Wales. Each site offers accommodation for up to 60 residents, with a focus on promoting individual choice, dignity, and autonomy in daily living.

The two facilities joined the ELDAC Linkages program to improve their capacity to provide end of life care and to align their initiatives with the Aged Care Standards. Key goals included enhancing staff confidence, skills, and knowledge in communicating palliative care needs and symptom management, as well as fostering stronger access to palliative care advice and support. Recognising the growing need for a collaborative and informed approach to palliative care, the team was determined to build sustainable frameworks that would benefit residents, families, carers, and staff alike.

Several strategies were implemented to achieve these goals. Role clarification was an early focus, with connections established between the aged care facilities, the local palliative care unit, and local GP services. Verbal and written communication pathways were strengthened through the development of tools like ISBAR to standardise and enhance information sharing. The team also adopted the ELDAC Linkages toolkit, disseminated newsletters, and introduced education sessions to support the implementation of these resources.

> "By focusing on our advance care plans and directives we were able to ensure that our residents had their wishes and needs met, avoided unnecessary transfers to hospital, and gave families peace of mind that a plan was in place for end of life. "

Knowledge exchange and upskilling were prioritised through targeted education initiatives, including syringe driver training for end of life care, ISBAR training to enhance handovers, and a suite of resources such as online modules and in-service sessions.

Participating in the ELDAC Linkages program had a significant impact. Staff gained access to a reliable point of contact for palliative care guidance and training, while residents and their families benefited from improved symptom management and holistic care.

Regular newsletters kept all stakeholders informed about updates in education, training, and service enhancements, reinforcing trust and transparency. Enhanced connections with external services supported the integration of care and maximised outcomes for residents receiving palliative and end of life care.

The ELDAC Linkages facilitator played a key role in these achievements by guiding the development of a dynamic and adaptable action plan. Their support ensured the goals were realistic, evidence-based, and sustainable. Resources provided by the facilitator empowered the team to implement changes effectively and to build on their strengths through collaboration and shared learning.

Key outcomes

- Improved understanding of the importance and value of using ISBAR to communicate palliating residents needs to GP
- Improved understanding from GPs of what the palliative resident is needing in regard to symptom management and comfort
- Increased confidence among clinical staff in delivering succinct and timely information to GPs
- Improved timeframes for review and treatment of palliative care residents
- Reduced stress for both the palliative person and family

Improved confidence in clinical staff

The RN had commenced her afternoon shift and during her round she checked on a palliating resident and noticed the deterioration of her condition, it was a Friday afternoon, and she was concerned if the resident's condition deteriorated further over the weekend, due to the difficulty of getting GP access on the weekend they would not be able to manage her symptoms effectively. The RN contacted the resident's GP and used the ISBAR framework to provide a clear and concise handover, outlining the resident's symptoms, changes in condition, and the medications she believed were necessary for effective management. The GP was then able to chart medications in a timely manner which was then sent to the pharmacy for immediate supply.

As predicted by the RN, the palliative residents condition began to deteriorate and the RN was able to, after consultation with the family, administer medications as charted by the GP to maintain the person's comfort, reduce her anxiety, maintain her dignity, and provide her end of life wishes. The resident passed away a few days later and the RN expressed that she was comforted knowing the resident was comfortable and pain free during her last days, and the family expressed their gratefulness for the care and management their mother received at the end of her life. By participating in the ELDAC Linkages program this RN was able to ensure the palliating resident received the appropriate and timely charted medications to keep her comfortable and reduce stress for the residents, family, and staff.

Corumbene Home Care

Home care

New Norfolk, Tasmania

Goal

To empower the staff with the skills and resources necessary to provide effective palliative and end of life care to clients receiving home care support.

Highlights

- Upskilled staff across all levels in palliative care and advance care planning fostering open discussions
- Introduced six palliative care champions to mentor and support care workers, boosting confidence in palliative care
- Developed a comprehensive palliative care and end of life policy and procedures to guide best practices
- Implemented the ELDAC Home Care App, providing easy access to vital palliative care information and resources
- Changed the mindset and misunderstandings about palliative care and end of life care

Corumbene Home Care Service, located in New Norfolk, Tasmania, provides essential support to the elderly community in the Derwent Valley and Southern Highlands. Situated within the same grounds as the residential aged care service, Corumbene serves approximately 150 clients aged between 65 and 96, many of whom have significant social needs due to the rural and remote nature of the area. The service collaborates with a Rural Primary Health team to ensure comprehensive care for their clients, with the nearest hospital being the New Norfolk Regional Hospital.

Through participation in the ELDAC Linkages program, Corumbene Home Care sought to equip its community services team with the knowledge and skills necessary for providing high-quality palliative and end of life care. Specific goals included upskilling all staff levels in palliative care and advance care planning (ACP), introducing six palliative care champions to mentor the wider team, and ensuring all champions completed the ELDAC Palliative Care online learning modules. The development of a comprehensive palliative care and end of life policy and procedure was also a key objective.

> "We have a greater understanding of trauma informed care and the importance of understanding backgrounds about each client we care to."

Through these initiatives, Corumbene experienced significant outcomes. The education provided to all staff across the community service boosted team capacity and confidence, enabling open discussions about palliative care and end of life care. The introduction of palliative care champions created a support system for care workers, fostering an environment where questions about palliative care were encouraged and addressed.

The staff became adept at linking with broader teams, which enhanced care planning and delivery. Their understanding of the palliative care role improved, and confidence grew, facilitating more supportive conversations with clients about their palliative care concerns. Additionally, the team gained confidence in bereavement support, enabling them to identify bereavement risks and providing better resources for clients during these difficult times.

A clinical incident report tool was developed to help staff recognise signs of health deterioration, ensuring timely responses to changes in client conditions. An escalation pathway for health status changes was also implemented, providing clear procedures for staff to follow during and after work hours.

The standard introduction of ACP resources at admission further streamlined care processes. All staff members now use the ELDAC Home Care App, which offers easy access to evidence-based information on palliative care, end of life support, and ACP, enhancing the overall knowledge base of the team.

Throughout the program and the rollout of new initiatives to improve their palliative care, the team has shown growing confidence, dedication, and enthusiasm in their commitment to raising awareness within their team and supporting their clients during their palliative journey.

> "Building the connections with other services have brought us a more holistic approach to our care so that it reflects a shared care, working together for the benefit of the client/family - having one shared mindset."

Key outcomes

- Enhanced collaboration with broader teams, improving care planning and delivery for clients
- Established effective bereavement care practices, enabling better support for clients and their families
- Implemented clear escalation pathways for health status changes, ensuring timely interventions and enhanced care
- Increased knowledge on palliative care, end of life care and advance care planning across the team.
- Increased confidence across care staff in supporting clients and their families in their homes

> "The upskilling of our staff has been inspirational."

> "It has been a highlight seeing our team grow with the raised awareness and knowledge and passion about palliative care that can be scary for some people."

Corumbene Residential Care

Residential Aged Care

Derwent Valley, Tasmania

Goal

To enhance the quality of palliative and end of life care by upskilling staff and implementing effective advance care planning processes.

Highlights

- Increased awareness and focus on specialist palliative care across the service
- Enhanced uptake of advance care planning and development of clear procedures for implementation
- Established evidence-based resources to support communication with residents and families

Corumbene Residential Care, established in the early 1960s through the efforts of dedicated community volunteers, has grown into a not-for-profit organisation that provides essential aged care services to the Derwent Valley and surrounding areas. Initially renovated with funds raised by the community, Corumbene has since expanded its services to promote healthy aging and well-being. The facility currently accommodates over 90 residents and is committed to delivering integrated services that meet the diverse needs of the community.

At the start of the ELDAC Linkages program, Corumbene set several goals aimed at improving advance care planning (ACP) to enhance the care of their residents. These objectives included meeting Aged Care Standards, engaging the care team, families, and residents, and developing a clear model for ACP with accompanying policies, guidelines, tools, and resources. The return rate for ACP was improved by clarifying responsibilities of staff in the ACP process from time of admission. An ACP Timeline pathway was developed giving staff clear guidance on timepoints for action as well as roles and responsibilities to ensure ACP was an ongoing conversation with residents and their families. Corumbene sought to standardise the location of palliative care guidelines, review and update its policies on palliative and end of life care and upskill staff to boost their confidence in providing quality care.

Despite facing workforce challenges and competing priorities, Corumbene remained dedicated to the program, upskilling its staff in palliative care to enhance their approach to resident care. The ELDAC Linkages program's impact was significant, with key highlights reflecting a heightened focus on specialist palliative care and improved systems for a palliative approach. Staff confidence, skills, and knowledge in palliative care improved markedly, supported by evidence-based resources for effective communication with residents and their families.

Key outcomes

- Developed and implemented a comprehensive palliative care policy and procedure to guide care practices
- Introduced resource kits and tools to support residents, families, and staff in managing grief and bereavement effectively
- Improved staff confidence and skills through structured education programs in palliative care

"Participation has helped us to support and provide palliative care and support residents and families in the palliative and end of life care process."

"We wanted our residents and families to have a positive experience by building a robust palliative approach across our service."

BCR Communities

Home Care

Sanctuary Point,
New South Wales

Goal

To establish an integrated palliative care system at BCR Communities that empowers staff, enhances collaboration with healthcare partners, and provides seamless, values-based support for clients.

Highlights

- Improved palliative care coordination
- Staff training and upskilling through face to face education and nurse clinical placement opportunities
- Integrated new clinical assessment tools including the STOP and WATCH Tool
- Integration of advance care planning

BCR Communities, a not-for-profit organisation, serves the Bay and Basin region on NSW's South Coast, delivering essential home care services to aged care clients from northern Illawarra to southern Shoalhaven. With a dedicated team of care workers and office staff -including seven Care Managers, two registered nurses and two nurse managers, BCR offers a broad range of services, including personal care, social support, transportation, and domestic assistance.

Currently, BCR supports 160 Home Care Package (HCP) clients. With increasing frailty across clients, BCR recognised a need to strengthen palliative care resources and knowledge across their team.

In evaluating where they could improve their palliative care services, BCR realised that limited integration with local palliative care services, GPs, and primary health networks was impacting client support, especially for those with advance care planning (ACP) needs and palliative requirements. ACP information was typically provided to clients at the start of their care; however, follow-up practices were minimal, and care workers often felt unsure about discussing sensitive or complex care preferences with clients.

"We've developed a system for recognising and responding to change, including a structured Communication Pathway and Clinical Referral process."

Participating in the ELDAC Linkages program, BCR embarked on a comprehensive effort to enhance its palliative care approach by building partnerships with the local health service, Specialist Palliative Care (SPC) Team and the local Primary Health Network (PHN). In alignment with these goals, BCR also sought to strengthen its team's confidence through targeted upskilling in palliative care, enabling care workers and managers to engage more openly and effectively in end of life discussions.

With support from the ELDAC Linkages facilitator, BCR introduced structured training initiatives, created clear communication pathways for care continuity, and implemented a values-based support planning system. They also developed the 'Care Coach' role, designed to offer mentorship to care workers on palliative and end of life care practices.

Working alongside the ELDAC Linkages facilitator, BCR explored the ELDAC toolkits, utilising resources from Palliative Care Australia, Palliative Care Outcomes Collaboration (PCOC), PalliAGED, and Program of Experience in the Palliative Approach (PEPA) to align their practices with leading standards in palliative care.

Throughout this journey, BCR's commitment to continuous quality improvement, teamwork, and resilience in managing change has been instrumental in achieving these improvements. Conducting an initial gap analysis and delivering routine education sessions has enabled the team to gradually implement new practices, resulting in enhanced care quality for clients and increased confidence among staff. Strengthened interactions with the SPC and PHN teams have not only improved awareness of available resources but have also led to a coordinated, client-centered approach to palliative care, supported by consistent clinical language.

As BCR Communities continues to integrate these palliative care practices, they are creating a more compassionate and collaborative care environment for clients and their families.

Key outcomes

- Established a database to coordinate care with the SPC Team, streamlining shared client communication
- Increased staff confidence skills and knowledge, strengthening understanding and shared clinical language.
- Updated intake process, which now identifies clients already connected with SPC, ensuring comprehensive, integrated care

"We now have a clear communication pathway for reporting changes, accessible to both care workers and care managers."

"Supported decision-making for care managers has been strengthened with a new clinical referral form, seamlessly extending from the pathway to guide care planning."

A personal account from a staff member

Being part of the ELDAC Linkages program has been life-changing for me, personally, and also enabled me to bring knowledge and resources to our organisation.

As part of the program, I was privileged to spend three full days on clinical placement with our local community SPC team, facilitated by PEPA. I was able to sit in on team meetings and accompany the RNs on their home and facility visits. By being 'up close' at the coalface, I was able to observe, first hand, the services and support provided by the SPC team.

I now feel more comfortable educating our clients on what palliative care is and what SPC can offer. I am able to encourage clients to embrace palliative care in a positive way to help them to do things 'their way', reassuring them that palliative care is person-centred and focuses on improving quality of life and minimising pain and discomfort. It is about supporting both the client and their families physically, spiritually and emotionally.

Another significant outcome of the Linkages program was that it gave us the tools to work on and implement our Recognising and Responding to Deterioration process and pathway. With the introduction of a new assessment tool for our Care Workers, we have empowered them to identify deterioration in a client and report that deterioration to the Care Manager. We have now developed clear steps to assess a client and refer them to our Clinical Care Team, using the same assessment tools as the SPC team, in order to 'speak the same language'.

Overall, the ELDAC Linkages program has been an overwhelmingly positive experience and I will continue to engage our clients and staff in the palliative care space.

Rebecca Anderson RN, BCR Communities

Dorothy Impey Home

Residential Aged Care Facility

Pascoe Vale South, Victoria

Goal

To increase knowledge and develop capabilities of staff through organisational improvement and education.

Highlights

- Opportunity to learn new things and improve current knowledge
- Provided on-going support for residents and their families, as well as staff
- Provided a great opportunity to give continuous improvement for residents and families along their journey with the whole team
- Felt supported by the ELDAC Linkages facilitator on how much work and passion given to palliative residents and the positive outcomes that were achieved

Dorothy Impey Home in Melbourne's northern suburbs offers a continuum of care across three levels, catering to the diverse needs of residents ranging from those requiring low-level assistance to those in need of high care, including individuals with dementia. At the heart of their service is a strong commitment to palliative care, an area in which they take immense pride, offering unwavering support to their families, and implementing comprehensive plans to facilitate a seamless palliative approach.

Dorothy Impey Home encompasses a total of 92 beds, accommodating individuals from various cultural backgrounds. While the majority of residents are of Anglo Australian ethnicity, they also have residents from the Italian, Greek, Maltese, and Sri Lankan communities.

Dorothy Impey Home was motivated to partake in the ELDAC Linkages program as an opportunity to build and improve on current palliative care services and management. The program offered the possibility to explore new resources, for example connecting to available support services for assistance and guidance when needed.

"By working together with our specialist palliative care service, we were able to promptly identify deteriorating residents and start putting plans into place to ensure resident comfort and support to family members."

The Dorothy Impey Home team

Prior to joining the ELDAC Linkages program, Dorothy Impey Home took time to clearly define the challenges, which included difficulties with getting families to complete the advance care plan promptly. Staff also lacked some crucial knowledge around palliative care.

An additional challenge was after death audits were not previously fully completed, making it difficult to assess any gaps or areas of improvement. Furthermore, Dorothy Impey Home felt it did not have enough resources and tools for staff to use to help improve palliative care such as 'palliative care boxes'.

Since partaking in the ELDAC Linkages program, the Dorothy Impey Home has noted many benefits, including having all resident advance care plans reviewed by the nurses, with emphasis on the importance on regularly reviewing and monitoring the plans.

Dorothy Impey Home have also established monthly meetings with local community palliative care service (more frequently when required) to ensure they are keeping up with the correct palliative care measures, as well as supporting families and residents, and always looking at how any other improvements that might benefit palliative care within the facility.

During the ELDAC Linkages program, an onsite three-day intensive education workshop, led by the CEO, was completed by a large number of staff from various departments to build on their current knowledge of palliative care and to make improvements where needed.

Through the implementation of new tools and resources, Dorothy Impey Home has enhanced its palliative care services for residents and families, including the integration of the aged care toolkit. To streamline the admission process and ensure families have ample time to prepare, the advance care plan has been included in the new admission pack. Additionally, doctors now have the option to complete 'goals for care' forms for residents, facilitating clearer communication and planning.

To further improve the delivery of palliative care, Dorothy Impey Home has introduced palliative care boxes, containing essential items such as bed sheets and CD players, enabling staff to quickly access and provide necessary support directly to residents' rooms during their palliative journey.

The ELDAC Linkages facilitator was key to the delivery of these outcomes, supporting the Dorothy Impey Home throughout the program. Through regular meetings, the ELDAC Linkages facilitator discussed progress and continued to offer ways to improve outcomes. The ELDAC Linkages facilitator offered access to more tools and resources to make the palliative care approach smooth and thorough.

Importantly, the presence and support of the ELDAC Linkages facilitator gave staff confidence to care for palliative care residents. The facilitator's acknowledgement of the hard work and dedication of Dorothy Impey Home staff to ensure wonderful palliative care to Dorothy Impey Home residents was also very encouraging and appreciated.

"After speaking with one of the Lifestyle staff who participated in the intensive education workshop onsite, she advised that she felt so much more knowledgeable about how they can provide their support for residents during the palliative care approach and created new 'palliative care boxes' with education for family members and tools to use to enhance resident comfort."

Key outcomes

- Broadened knowledge around palliative care
- Addressed any gaps or areas of improvement and improved health outcomes for the residents
- Gained access to new tools and services

"Provided a great opportunity to give continuous improvement for residents and families along their journey with our whole team."

The Dorothy Impey Home team

Working with local services

We had a resident who we had identified was deteriorating and moving towards the palliative care pathway. Nurses attempted to bring this to the doctor's attention multiple times, however the doctor disagreed and refused to chart anticipatory end of life medications. After discussing this issue with our ELDAC Linkages facilitator, we were able to discuss this issue and gain her advice on the steps we can take. This led to us getting in contact with local community palliative care service who came and assessed the resident promptly, reviewed her and wrote an official letter of recommendation to the doctor. The doctor responded to this positively and charted the medications. Staff were guided to commence the palliative pathway, arrange a family meeting to discuss the palliative care approach and made the family feel more at ease as they knew exactly what was going on and what to expect. The resident sadly passed away two days after the doctor finally charted the end of life medications, however due to the staff being prompt in utilising services such as the local community Palliative Care Team, we were able to provide the resident with the best palliative care possible, ensuring comfort and support.

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-on-one 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'.

Hillside at Figtree

Residential Aged Care

Wollongong,
New South Wales

Goal

To enhance the palliative care approach through upskilling, developing clear guidelines and providing access to resources and support to enable the provision of quality care.

Highlights

- Provided access to evidence-based resources to care and clinical staff
- Received positive feedback from families relating to staff attentiveness and support to both the resident and their family.
- Clarified access and connected with the local specialist palliative care team for support both during and after office hours

Hillside at Figtree, located near Wollongong, NSW, is dedicated to providing quality retirement lifestyle housing and aged care services for older Australians. The facility promotes a healthy outlook and lifestyle, encouraging independence and active community involvement among its residents. Hillside at Figtree strives to create a welcoming environment where residents, their families, and visitors can relax and support each other.

By building connections with health professionals and community agencies, the facility works to ensure that the ongoing health, welfare, and personal needs of residents are met while honouring their lifetime experiences with dignity and respect. Through continuous improvement, Hillside at Figtree regularly reviews and implements innovative practices to enhance the quality of life and independence for its consumers.

The 81-bed residential aged care facility is designed to be responsive to the culturally and linguistically diverse backgrounds of residents, ensuring that everyone can participate equally.

To improve the quality of care, Hillside at Figtree committed to the ELDAC Linkages program to increase staff confidence, upskill the care team, and provide access to resources to support care delivery. It also set out to develop firmer connections with external service providers for specialist guidance in care delivery.

Through participation in the ELDAC Linkages program, Hillside at Figtree aimed to upskill staff in palliative care approaches. Namely, they sought to integrate palliative care and advance care planning (ACP) into the orientation and induction of all new staff, including registered nurses, enrolled nurses, and personal care assistants.

Improving communication with residents, families, and team members was also a focus to better support the palliative care approach and enhance interactions when developing end of life care plans.

> "The outcomes of the ELDAC Linkages program have strengthened the attentiveness to comfort cares ensuring the resident is our priority."

Throughout their participation in the ELDAC Linkages program, Hillside at Figtree has achieved several key outcomes. Families have become more educated about palliative care, and staff members have received training on important aspects such as syringe drivers from the local Specialist Palliative Care Team.

To further educate families, staff, and residents, Hillside at Figtree, with the support of the Specialist Palliative Care Nurse, organised and introduced a trial of 'Death Cafes' for residents and their families, fostering open discussions and sharing knowledge about end of life care. Connections with the Specialist Palliative Care Team have been strengthened, enhancing the overall support available to residents.

The use of the ELDAC Residential Aged Care and Linkages toolkits, access to online training videos, and informative flyers have all contributed to the knowledge base surrounding palliative care. Support from the ELDAC Linkages facilitator has been instrumental in guiding the facility's initiatives. Additionally, the collaboration with the after-hours palliative care service team has provided valuable support to newly registered nurses, helping them understand the care needs of residents receiving palliative care.

As a result of these efforts, feedback from families has been positive, with many expressing appreciation for the support and attentiveness of the staff. The clinical team has established improved systems for updating residents' care plans, ensuring that changes are effectively communicated. They have also become more skilled at organising palliative care referrals and involving the community palliative care team when residents begin palliative care.

Moreover, the clinical team has learned to engage in case conferences with residents' family members to discuss end of life care in collaboration with the palliative care team. The facility manager participates in after-death audits to ensure that all aspects of care are met during end of life care, which is an important part of their continuous improvement process. As Hillside at Figtree continues on its journey, it is making steady progress toward its goals of providing compassionate and quality care for all residents.

Key outcomes

- Improved clinical assessments and palliative care plans to deliver personalised care to residents
- Increased confidence in communicating about end of life care to support residents and families
- Accessed a wide range of resources to support care team providing palliative care advance care planning

> "By working together with our local community Specialist Palliative Care Service, we were able to arrange a case conference with the family member of a resident who was approaching the end stage of life. With the community Palliative Care Team who we had become more familiar with, we where we were able to resolve complex care needs of the resident and able to respond to symptoms in a timely manner."

UNITED Spanish Latin American Welfare Centre Inc

Home Care

Melbourne, Victoria

Goal

To build capacity to provide culturally appropriate, end of life care through workforce upskilling in palliative care and the establishment of collaborative linkages with palliative care providers.

Highlights

- Connected with Spanish speaking health care professionals via an organised community palliative care forum at UNITED
- Arranged for upskilling and training and established linkages with palliative care networks and consortia
- Implemented external clinical supervision for case managers
- Increased culturally sensitive discussions helping dispel taboos within the community

UNITED Spanish Latin American Welfare Centre (UNITED) in Melbourne has long been a trusted resource for Spanish-speaking communities across Victoria, offering support tailored to their unique cultural needs. With over 40 years of service, UNITED's programmes have evolved to meet the changing demographics of the Spanish and Latin American communities, which now increasingly require aged care services. Today, UNITED operates a Home Care Packages Program, social activity groups, and an aged care community visitors scheme, engaging over 240 clients. However, as the needs of this ageing population become more complex, UNITED recognised that it lacked strong connections with palliative care resources and that its workforce required upskilling to confidently support clients in palliative care and advance care planning.

An exciting starting point of improvement activities for this service was to initiate a community palliative care forum to connect with Spanish speaking professionals involved in aged care and palliative care. The outcome of this was forming linkages with Spanish speaking palliative care nurses , GPs and psychologists, all of whom called for UNITED to address the lack of community awareness about palliative care.

"Through the ELDAC Linkages program we have extended our service provision into the space of palliative care and we now feel we are in a stronger place to support the palliative journey with our clients."

Other key successful activities followed raising awareness across staff and clients including holding a conversation starters day on What Matters Most to coincide with the National Palliative Care Week. It was reported that the conversations that ensued between community members were surprising and enriching for all, as many expressed, they had not given thought to the concept of advance care planning (ACP).

With the ELDAC Linkages program providing the lens and impetus, these key activities led to widening and opening out to a greater awareness for staff and upskilling on the foundations of palliative care and ACP. Through the ELDAC Linkages program, UNITED was able to access best-practice training and resources, allowing it to integrate palliative care knowledge and tools directly into client services. The upskilling of staff and training initiatives became a cornerstone, as it provided all staff with a strong foundation in palliative care principles, while external clinical supervision enhanced case managers' abilities to oversee complex care plans.

Other improvements included standardising a communication system for identifying and communicating change/deterioration in clients so that changing needs could be proactively addressed. This service introduced palliative care clinical supervision and mentoring for Case Managers to support client care planning providing ongoing improvement and upskilling of the team.

Translated End of Life Care and Palliative care Resource kits were sourced for staff and clients to support communication.

The ELDAC Linkages program also facilitated vital connections with palliative care networks, opening new referral pathways and improving UNITED's ability to coordinate care effectively. These partnerships have enabled UNITED's team to guide clients and their families in navigating end of life care options with cultural sensitivity. An important aspect of this journey involved addressing cultural taboos around death and dying. The workforce was able to initiate culturally appropriate discussions, breaking down barriers and easing anxieties around palliative care.

This shift led to more open conversations within the Spanish-speaking community about care preferences, helping clients and families to feel informed and empowered in their choices. Overall, UNITED's enrolment in the ELDAC Linkages program has fostered a compassionate, knowledgeable, and culturally responsive approach to end of life care, ensuring that clients and their loved ones receive support that respects their language, heritage, and wishes.

> "ELDAC Linkages program has prepared us, linked us, resourced us and has given us a solid platform to continue on as we progressively grow our organisation and support our community."
>
> *Barbara Leon, Operations Manager*

Key outcomes

- Improved referral pathways and connections with palliative care services, enhancing options for client support
- Strengthened workforce capacity to facilitate culturally sensitive end of life conversations with clients and carers
- Fostered more meaningful advance care planning discussions, supporting clients in making informed choices

Just at the right time for our needs

Our participation in the ELDAC Linkages program came at the right time given the increasing needs of an ageing Spanish speaking community. The ELDAC Linkages program supported us to strengthen our home care service to better support our Spanish speaking community. It has given us an opportunity to raise awareness and to be better prepared and have confidence around advance care planning and palliative care provision to our clients.

The culturally sensitive awareness raising activities that were started at the beginning of the program guided us to implement a wide range of organisational improvement activities including educating and upskilling our staff, sourcing and/or creating relevant translated resources, and embedding of a palliative approach within our systems and care processes and most importantly embedding our improvements and increasing staff knowledge skills and confidence.

Our improved communication systems have led to a more proactive systematic approach with more timely response to care planning for our clients. The new evidence based resource we were introduced to through the program has been most helpful for supporting our care staff.

The palliative care clinical supervision and mentoring for Case Managers has made significant improvements in staff and have supported care planning. We have been able to focus on upskilling our team providing care to our clients and there is a growing interest and passion to continue with further ongoing education to best support our clients who might require palliative and end of life care.

Finally, with the assistance and support from our ELDAC Linkages facilitator, we strengthened our linkages and communication with palliative care sector/services, enabling team members to be aware of referral pathways and resources.

Participation in the ELDAC Linkages program has cemented our confidence as a care provider – we came to the realisation that "we have a place in this community" of care or within this sector. We were able to share information about our service with the broader palliative care sector and be recognised as a relevant player in home care sector. Participation in ELDAC has enriched our care delivery and has enabled us to build a solid foundation, equipping our team to deliver culturally appropriate palliative care.

Operations Manager, UNITED, Barbara Leon

Co.As.It. Italian Association of Assistance (NSW)

Home Care

Sydney,
New South Wales

Goal

To build capacity in our teams to be able to offer holistic person centred palliative care and empower consumers to realise their goals for end of life care.

Highlights

- Strengthened our teams to provide holistic care planning and care delivery to consumers
- Recognised the importance of building partnerships and connections, observing the benefits to clients and their families.
- Committed to growing networks and exploring wider referral options for clients

The Italian Association of Assistance (Co.As.It.), NSW offers a wide range of one-on-one support services and assistance for older people living at home. The services, tailored to meet the needs of clients and the expectations of their loved ones and family, are designed to help individuals live independently, while remaining connected to their culture and heritage.

Co.As.It. employs around 100 staff, including community care workers, nurses, and case managers, providing in-home services such as personal care, domestic assistance, respite care, socialisation services, meal preparation, and allied health services to Commonwealth Home Support Program (CHSP) and Home Care Package (HCP) clients. Co.As.It serves approximately 440 HCP clients and 220 CHSP clients across all Sydney regions.

> "We now know where to go who to contact and this has made a big difference."
>
> *Zheng Zhu (Team Leader)*

Co.As.It. decided to participate in the ELDAC Linkages program to enhance their holistic care model and empower consumers to achieve their care goals and wishes throughout the palliative journey and end of life care. The organisation aimed to upskill their care staff, boosting their confidence and knowledge to improve care planning and delivery. A key focus was to equip staff with the skills needed to have meaningful conversations with families and to address cultural taboos surrounding death and dying.

Before undertaking the ELDAC Linkages program, Co.As.It. identifies barriers in ensuring clients were referred to palliative care services where required. These challenges resulted in delays for clients receiving palliative care services, communication breakdowns between HCP providers and palliative care service providers, and difficulties in addressing cultural taboos related to end of life wishes.

Through the ELDAC Linkages Program, Co.As.It. gained valuable insights into the service delivery role of specialist palliative care services. This knowledge created opportunities to build new networks with palliative and end of life care providers. As a result, meaningful connections were developed, paving the way for a more integrated approach to care.

Improved communication skills among staff have opened up end of life discussions with families and clients, with the extra training providing staff with a better understanding of palliative care planning. Care plan assessments and documents were updated to include links and details that prompt discussions with families at assessment times.

Through the ELDAC Linkages program and guidance given by the ELDAC Linkages facilitator, Co.As.It. has also enhanced its assessment and support for substitute decision-makers by upskilling staff on the legal aspects of decision-making and capacity. A reference resource has been developed for staff, including information on processes, procedures, pathways, responsibilities, when to discuss advance care planning, and tools to use. The ELDAC Linkages program has been instrumental in helping Co.As.It. locate and embed evidence-based materials to support the planning and delivery of palliative and end of life care at home.

Key outcomes

- Created a new network of palliative care and end of life services
- Upskilled staff in palliative care and end of life care
- Built in new systems and guidelines to support palliative approach
- Reviewed Assessment Tools and Care Planning process
- Developed reference resources for staff to support care planning and care delivery
- Created ACD documents with translated resources updated and included in care planning process

> "It brings me great professional satisfaction being able to refer our consumers to specialised end of life services in their final months of life to empower them to have the death they wanted to have".
>
> *Case Manager, Co.As.It.*

The ELDAC Linkages facilitator encouraged Co.As.It. to initiate the relationship with palliative care specialists and local palliative care providers and she assisted us to connect with those local palliative care providers to support our end of life consumers. The ELDAC Linkages program also helped us to clarify roles in palliative care and provided lots of relevant information to assist us to provide education to care staff.

After participation in the ELDAC Linkages program, we have built a network with a local palliative care provider. We learnt recently that one of our HCP clients had been deemed as a palliative client by his doctor. His Home Care Package case manager contacted the local palliative care provider. A joint home visit to assess and plan care was organised between both case managers from the palliative care service and Co.As.It within 24 hours of referral. Equipment and resources were fully allocated to meet client's care needs and all in home services were coordinated smoothly after the case conference with the family without delay. The in-home client was well supported during his end of life period of time. The family provided highly complementary feedback to both Co.As.It and the palliative care provider.

By working together with the specialist palliative care service, we were able to upskill our staff and build in new systems and guidelines to support the provision of palliative care and end of life care to our clients. Our care staff are keen to learn and upskill about palliative care rather than fear the topic. Our care team indicate that they are more equipped and more confident to initiate conversations about their wishes and planning end of life care with clients and their families.

The legacy from our participation in the ELDAC Linkages program is the new network of palliative care and end of life services we have built links and referral pathways with. This has allowed us to provide holistic care for our consumers and allow many of our consumers to realise their goals when it comes to their end of life care and dying wishes.

Our takeaway lesson is the importance of these partnerships, and we are committed to continuing to grow our networks and referral pathways so we can empower more of our consumers to continue having a voice and exercising their rights.

Anita Bonanno, Head of Community Services, Co.As.It. (NSW)

Illawarra Diggers Aged and Community Care

Residential Aged Care

Wollongong,
New South Wales

Goal

To enhance the palliative care experience through holistic and culturally sensitive practices, supporting both residents and staff in delivering compassionate, informed end of life care.

Highlights

- Developed tools and guidelines, such as the end of life checklist for recognising and responding to deterioration
- Enhanced team training, including syringe driver education and after-death audits for quality improvement
- Established Death Café discussion groups for open conversation about end of life care with residents and families

Illawarra Diggers Aged and Community Care, in Wollongong's northern suburbs, provides quality care and accommodation for the local aged community, in particular veterans and war widows.

Illawarra Diggers participated in the ELDAC Linkages program to improve its approach to palliative care, aiming to introduce clinical tools, establish end of life pathways, enhance staff education, and address the unique multicultural needs of its residents and workforce.

With a team representing diverse cultural backgrounds, Illawarra Diggers focused on developing a more holistic and culturally sensitive approach to end of life care that recognised both the cultural nuances of its residents and the perspectives of its care team.

With guidance from ELDAC Linkages facilitator, the team implemented crucial resources and practices, such as an end of life checklist, which assisted Registered Nurses (RNs) in identifying deterioration signs and standardised their approach to end of life care. This checklist became an invaluable tool in fostering confidence and consistency among the staff, ensuring timely and compassionate support for residents.

One of the most significant cultural shifts was introducing Death Café discussion groups. With support from the Specialist Palliative Care Team, these sessions demystified death and encouraged open dialogue around dying. Residents and family members of all cultural backgrounds could discuss their experiences, easing anxieties and fostering a sense of community and understanding. For the staff, many of whom came from Nepal, the Death Cafés also helped bridge cultural gaps and build awareness around the customs and beliefs of the residents they cared for, enhancing the quality of care provided.

Illawarra Diggers has established a strong foundation of palliative care tools, documentation, and continuous improvement processes, which has reshaped its end of life care approach.

With ELDAC's resources, Illawarra Diggers created lasting connections with the specialist palliative care team, whose ongoing support and training have been invaluable in driving these improvements

Key outcomes

- Improved collaboration and planning with the specialist palliative care team
- Upskilled Registered Nurses to identify palliative needs and engage sensitively with residents and families
- Implemented continuous improvement processes and updated documentation to support palliative care delivery
- Developed a stronger coordinated approach to the palliative journey for residents

"We truly wished as an RACF to improve our approach to the support of residents on their personal palliative pathway. ELDAC Linkages program was the way to go to help us achieve this!"

Anthony Pritchard, Care Director

Working with local services

Through the support of the ELDAC Linkages program, we have developed a stronger, coordinated approach to our residents' palliative journey.

Our Care staff, RN's and lifestyle staff, as well as management have embraced partnerships and linkage, we have grown with the local Specialist Palliative Care Team.

With the support of the local Specialist Palliative Care Team we were able to run our first Death Café supporting our residents to talk freely about their wishes and choices. Staff learnt a lot about how to have discussions with residents and families about their wishes and to talk freely about their concerns and worries when facing the end of their life.

This was a direct result of the process with ELDAC Linkages program and the strong support, assistance, and upskilling we were able to achieve from the local Specialist Palliative Care Team.

Our deepest thanks goes to the support we received from our local Specialist Palliative Care Team and ELDAC Linkages program.

Anthony Pritchard, Care Director, Illawarra Diggers Aged and Community Care

Norfolk Island Health and Residential Aged Care Service

Residential Aged Care

Norfolk Island,
New South Wales

Goal

To strengthen end of life care, fostering a coordinated approach to palliative care that supports residents, families, and the health care team.

Highlights

- Developed a referral pathway to a mainland city hospital
- Created a ‘future planning’ booklet to guide advance care directives
- Implemented regular GP reviews, case conferencing, and new policies for palliative and end of life care

Norfolk Island Health and Residential Aged Care Service (NIHRACS) provides essential healthcare services to Norfolk Island’s small, remote community, caring for its aging population. As a multi-purpose facility, NIHRACS includes 14 residential aged care beds, a 24/7 emergency department, and inpatient hospital beds, along with access to a range of on-site services including a physiotherapist, counsellor, social worker, and community nursing service. Due to its remote location, NIHRACS faces unique challenges in delivering healthcare, from workforce continuity to accessing specialist support, making palliative care initiatives particularly crucial for its elderly residents.

Through the ELDAC Linkages program, NIHRACS sought to enhance its end of life care approach by upskilling its team, creating linkages with mainland palliative services, and developing comprehensive resources to guide staff, residents, and families in care decisions. In a community where end of life care carries deep cultural significance, this initiative has helped the staff navigate sensitive conversations, particularly as many nurses have personal connections with the residents they care for.

> “ELDAC Linkages has guided us to develop a standardised integrated approach along with the ELDAC resources to support the complexity of our staff and our unique setting in the delivery of palliative care and end of life care.”

The creation of a ‘future planning’ booklet, led by the on-site social worker, provided a structured way for families to consider advance care planning and make informed decisions aligned with residents’ wishes, offering peace of mind despite the island’s remoteness.

The new developing collaboration with a mainland city hospital with supportive and palliative care services brought essential specialist guidance to NIHRACS, creating a formal referral pathway and ensuring that staff have ready access to consultative palliative care expertise. This resource has been instrumental in helping staff handle complex cases on the Island, where medical evacuation is the only option for complex care. The initiative has allowed NIHRACS to establish strong systems and processes, providing much-needed continuity and stability amid challenges such as workforce turnover.

Education played a central role in NIHRACS’s ELDAC Linkages program journey, with the team introducing palliative care training into their regular in-service programs and ensuring that new staff receive comprehensive orientation in palliative care practices. Tools like the SPICT (Supportive and Palliative Care Indicators Tool), SAS, and mini-nutritional assessments have improved the staff’s ability to identify signs of deterioration, plan proactively, and strengthen their communication with families, providing a foundation for compassionate and coordinated care delivery.

NIHRACS created a more integrated approach along with regular GP reviews of residents, all contributing to improved anticipatory care planning, allowing the nursing staff to become more involved in care discussions and better prepared for end of life needs. Case conferencing became a valuable tool for engaging residents and families directly, empowering nurses to lead these discussions confidently. The team’s efforts also led to the development of new policies and protocols for palliative care, advance care planning, and post-deceased care, reinforcing NIHRACS’s dedication to a structured approach to end of life care.

Key outcomes

- Enhanced anticipatory care planning through weekly GP reviews
- Improved staff confidence and communication with families about end of life decisions
- Established accessible resources and guidelines to support end of life care delivery
- Introduced regular scheduled palliative care education.
- Improved communication and case conferencing using SPICT, SAS MNA

> “Through our participation in the ELDAC Linkages program, we have created a more integrated approach to our care partnering with our consumers. Our care staff are more confident in supporting our residents through the palliative journey and now we know where to access excellent resources to ensure quality care.”

Caring for a resident with terminal cancer

The ELDAC Linkages program has allowed us to implement procedures for introducing residents and their families to palliative care and end of life care pathways. Our example involves a resident living with terminal cancer who we cared for through her end stage of life.

Throughout her journey, we were able to communicate and provide carers, nurses and family members with resources to enhance our verbal communication and support surrounding prognosis and expected outcomes.

A case conference was held with the resident, her appointed Enduring Power of Attorney (EPOA), GP and RN to discuss her wishes for the terminal phase of her illness, and the expected end of life care.

As time progressed, symptoms worsened, including pain, agitation and carer’s stress. As a team with new knowledge and clinical tools, we were able to recognise worsening symptoms earlier, escalate to the GP, and support appropriately.

All staff had been educated on the use of ‘Nikki’ Syringe Drivers, and once commenced, the resident was appropriately dosed with end of life medications to manage her symptoms. When noted that doses were no longer therapeutic for this resident, our GP listened and appreciated the nursing staff’s concerns and increased medications accordingly, with good effect. On commencing the syringe driver, the resident’s EPOA’s were educated on the driver and given take home resources.

All throughout this process our care staff were respecting the resident’s wishes which were detailed clearly in our case conference earlier in the month.

Throughout our participation in the ELDAC Linkages program, we have built our capacity and capabilities in providing palliative care, our carers and family members wouldn’t have had the clinical support and resources available to them. We have created a family resource folder, for increased understanding and aid in supporting the families and loved one’s of our residents.

A key family member expressed their thanks and appreciation for our support, communication and comprehensive resources our team provided in helping to understand the journey her relative was on. She shared with us that it helped her as the key family member contact to explain at each stage the changes and stages of deterioration to the rest of their family. This gave peace of mind to everyone.

The NIHRACS Nursing Team

Penwood Aged Care Services

Residential Aged Care

Pennington, South Australia

Goal

Embed a sustainable palliative care approach at Pennwood via education, policy, processes, and culture.

Highlights

- Increased palliative care literacy among staff
- Implemented a palliative care trolley for the comfort of the resident and their families aligning with nurses holistic palliative care approach
- Provided education opportunities in diversity, inclusivity and cultural safety to provide holistic palliative care

As a not-for-profit organisation owned and operated by The Serbian Community Welfare Association of South Australia Inc, Pennwood initially catered specifically to the Serbian community, but now welcomes residents from all backgrounds, religions, and cultures.

Pennwood Village aims to provide high-quality, culturally sensitive services, addressing the unique needs of each individual.

Pennwood's journey with the ELDAC Linkages program has been a gratifying experience, marked by a commitment to provide the very best care for their residents.

A challenging end of life care experience became a turning point for positive change, and participating in the program provided an opportunity to undertake a comprehensive review of services to include palliative and end of life care.

As a culturally specific service, the team at Pennwood often experienced challenges communicating with older European residents, particularly regarding the sensitive topics of death and dying. In Serbia, these discussions have traditionally been a family responsibility, making the concept of hospice and palliative care unfamiliar. As a result, only around half of the residents were willing to have conversations about their wishes communicated as an advance care directive.

Before participating in the ELDAC Linkages program, Pennwood was searching for appropriate evidence-based resources to broach these subjects with residents and families. While the staff are dedicated, additional skills and knowledge to feel confident to engage in such conversations effectively were needed.

Connection with national programs and access to palliative care resources, made available through the ELDAC Linkages program, have been invaluable. With guidance from the ELDAC Linkages facilitator, the Pennwood team developed a comprehensive resource folder for families and residents, helping them navigate the various issues they might face.

Since partaking in the program, Pennwood's software system has undergone significant and important improvements, making it clear who can legally make decisions on behalf of residents. The Next of Kin section now accommodates advance care directives and 'Substitute Decision Makers', ensuring better care provision. This has been very welcomed by all, but particularly family members, bringing clarity at a time that can be difficult.

Through the ELDAC Linkages program, Pennwood has now established more comprehensive policies and procedures on palliative care and advance care planning, in line with recommended practices. The positive feedback since implementing these improvements has been heart-warming. A family member expressed their gratitude, acknowledging the team's care, attention, and the uplifting environment that made their mother's stay comfortable and respectful.

Upskilling the team was also a primary focus, which was approached by bringing all staff together to learn and raise awareness across the team. Ensuring that learning opportunities were available for all staff took commitment and focus from the leadership. On completion of the program, care workers demonstrated increased knowledge, skills and confidence, along with passion in their daily care provision. This was strengthened by a series of key awareness-raising activities which aligned with palliative care and advance care planning national events. Having evidence-based resources on hand to support communication with residents and families, some translated to ensure clear communication, was another key outcome through participation in the program.

> "Being part of the ELDAC Linkages program has given us the opportunity to focus our minds and resources on palliative and end of life care at Pennwood with some excellent results. We have worked hard to improve staff skills and knowledge and our care for residents and their families at such a significant time in their lives. We have only had positive feedback since!"
>
> *Kimberley Moss - CEO*

Key outcomes

- Significantly improved palliative care awareness among the staff
- Improved awareness among families regarding advance care directives, substitute decision makers and palliative care
- Improved identification of the bereavement needs of families
- Enhanced comfort and quality care to residents at the last days/week of life.
- Enriched connections to external organisations to develop staff skills and knowledge
- Improved the way Pennwood honours/ commemorates residents post death
- Culturally sensitive approach to palliative care

A note from a family

Our participation in the ELDAC Linkages program helped us to achieve our overarching goal of providing the very best care to the older person and their families. The feedback received summarises our achievements best.

"A note of thanks to you all for your time, care and attendance for my mother at Pennwood, an unknown identity that is now a jewel to us all. We give credit to the team, the care and attention given by all aided in making mums stay comfortable, respectful and happy, and further aided us, as a family, to be more at ease with the whole process. Credit to you all for the service provided, the care given, the clean uplifting environment and staff vibrancy which all aided in providing a warm and friendly atmosphere where mum was always happy and comfortable. Thankyou! We need more Pennwoods!!!" Family member of former resident

Since implementing our improvements, driven by our participation in the ELDAC Linkages program, we have only received positive feedback about our care and services to residents at the end of life.

MayShaw Residential Aged Care

Residential Aged Care

Swansea, Tasmania

Goal

To increase staff confidence in recognising end of life stages, improve communication about end of life care, and establish collaborative relationships to support palliative care delivery.

Highlights

- Enhanced access to face-to-face education and palliative care training
- Strengthened confidence among staff in providing quality palliative care
- Built new connections with external palliative care providers, improving collaborative support

MayShaw Health Centre in Swansea, Tasmania, serves a predominantly older community, with the highest proportion of over-65 residents in the region. Swansea is a small community on the east coast of Tasmania and is classified as a rural remote area. As a multidisciplinary site with urgent care, sub-acute hospital beds, residential aged care, and home care services, MayShaw's goal in participating in the ELDAC Linkages program was to improve palliative care by enhancing staff education and fostering collaboration with specialist palliative care services.

Situated in a remote area, MayShaw faced challenges in providing consistent, skilled palliative care, with limited access to external face to face education opportunities and resources.

With ELDAC's support, MayShaw Health Centre seized the opportunity to provide staff with much-needed face-to-face education. This training empowered staff to engage in meaningful conversations about death and dying, helping them to approach palliative care at an earlier point for the resident and therefore enabling earlier interventions. Staff developed skills in recognising changes and deterioration earlier, which allowed them to manage symptoms earlier and to work with the resident and families to implement advance care directives that aligned with residents' wishes. For families, this proactive approach provided valuable time to process and accept the changes ahead, easing the intensity of grief and shock at the time of death.

The ELDAC Linkages program also opened doors for MayShaw to build essential collaborative relationships with external palliative care providers. Through the program, MayShaw improved communication with the local palliative care service as well as connecting with Palliative Care Tasmania, mapping ways to leverage external support and build momentum for ongoing improvement in palliative care.

"A highlight for us is watching staff engage with health care professionals from the Specialist Palliative Care Team, increasing their knowledge and seeing their investment in different ideas that they can then share with colleagues."

The MayShaw team also reviewed and redeveloped palliative care related policy, as well as developing new palliative care resources to support their teams in providing quality care.

This new-found confidence and collaboration enabled MayShaw to develop a more resilient, compassionate approach to end of life care. By fostering strong connections within and beyond the organisation, MayShaw created a supportive network that ensures residents and their families receive palliative care that honours their needs, dignity, and wellbeing.

"Knowing who to contact how, when and for what is a benefit we have gained through the ELDAC Linkages program."

Key outcomes

- Improved early recognition of end of life trajectory and timely advance care directive implementation
- Increased family and resident involvement in end of life planning, reducing grief and anxiety
- Updated and expanded policies on end of life, after death care, and voluntary assisted dying
- Embedded palliative care in nurse and carers meetings
- Updated resources for palliative care, advance care directives and starting conversations on end of life

Before participating in the ELDAC Linkages program the identification and initiating of the end of life plan and understanding our resident needs through the advance care plan was ad hoc and staff did not feel confident in delivering the end of life care. Due to this we found that end of life was sudden, family was less involved in the end of life process. Staff were not confident in their communication with families and families therefore did not discuss death openly or therefore have the opportunity to discuss the implications of decisions being made around life saving measures for the resident at end of life. There were signs that we could be doing better in collaborating with families more for better end of life outcomes.

Staff have now participated in face to face education and have been supported in building their confidence in discussing end of life and delivering care for not only the resident but also most importantly, the family. Advance care plans have been implemented in a proactive manner with participation with residents and family and utilising prompts from the ELDAC information kits available for the staff.

We have seen great improvements in not only the staff's experience but also the collaboration with the multidisciplinary teams that have supported them, and also engaging with family in a timely and appropriate manner. Due to this, we have now been receiving feedback that we feel reflects on the learning and growth of the MayShaw team and engagements we have delivered through the ELDAC Linkages program.

One family wrote to us with a positive comment below:

"Dear MayShaw team, we have so much gratitude to you all for the incredible job that you did in looking after our father J..., for the last 6 months of his life.... you played a part keeping Dad happy, pain free, clean and comfortable"

Another family recognised the important role we played in engaging with them as a family :

"K... daughter and family wanted to let you know that you were amazing to her family in all the process for her, many big thanks from them."

And furthermore, how we recognised the end of life trajectory and assisted family to be by the bedside leading to the following compliment we received:

"Not only did you care for P... but the family as well. Particularly during P's last week when B... & J... stayed."

The ability for the team to take on the learning offered through participation in the ELDAC Linkages program has given not only the staff, but our residents and their family the ability to engage in the end of life trajectory and have more positive impact on the end of life pathway. The outcome from this has created staff being confident to create safe and peaceful deaths that engage with the families and reduce grief and bereavement impacts.

MayShaw clinical team

ELDAC Linkages Program

The ELDAC Linkages program is a palliative care and advance care planning initiative aimed at enhancing the quality of end-of-life care for all older Australians receiving aged care. The program assists aged care services to develop and strengthen their palliative care and advance care planning delivery, with a focus on fostering stronger connections between aged care, specialist palliative care, primary care, and other local service providers and networks. Participating services receive facilitation support and guidance throughout the program, including access to evidence-based resources, tools, and templates. This tailored program is underpinned by a quality improvement approach to help aged care services achieve their service improvement goals in palliative care and end of life care.

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ELDAC

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