



# CatholicCare Wollongong



Home Care



Illawarra,  
New South Wales

## Linkage Strategies Used:

Role Clarification



Written and Verbal Communication Pathways



Formalised Agreements and Plans



Knowledge Exchange and Upskilling



Continuous Quality Improvement



CatholicCare Wollongong provides in-home and community-based support for aged residents in the Illawarra region. The organisation helps people live independently in their own homes and communities for as long as possible. Clients come from diverse cultural backgrounds and access in-home and community-based services ranging from domestic assistance, and nursing and respite care, through to regular monitoring and reviews.

The organisation had limited relationships with palliative care services in the region and this made it difficult to deliver integrated care for clients in their own homes. There was no partnership with the local Palliative Care Clinical Nurse Consultant or palliative specialists, and no team members were allocated to develop these relationships. As a result, local hospital and medical staff may not have understood fully the role CatholicCare Wollongong could play during the palliative process and this made it difficult for team members to advocate for their clients.

Additionally, staff were keen to build their skills with training and resources to strengthen palliative care and undertake advance care planning. With new skills and resources they realised staff could be more confident and equipped, initiating conversations and planning end-of-life care with clients and their families in a home setting.

The ELDAC Working Together program provided CatholicCare Wollongong with a new approach along with the tools, training and support to transform its palliative care and improve continuity of care for its clients.

The ELDAC facilitator helped the organisation connect with other providers in the sector and develop mutually-beneficial relationships. This led to improved end-of-life care for clients and provided staff with access to expert advice and referral pathways. A Registered Nurse was also allocated to link with external palliative care specialists and further develop collaborative care pathways.

*“ELDAC has significantly increased staff awareness about palliative care and encouraged a strong focus on building quality improvement processes into our systems.”*

Team members received training in advance care planning and learned how to approach these conversations with clients. Access to resources and tools also enhanced the organisation’s capacity to manage palliative care and provide client support.

## Benefits

- Upskilling has increased the confidence and competence of team members.
- Opportunities are available for direct care staff to specialise in palliative support.
- Improved focus for the wishes of palliating clients.
- Development of inhouse resources.
- Strong linkages have been developed with the specialist palliative care team and this has resulted in a more integrated care approach.
- Care workers can more easily recognise signs of deterioration and use referral pathways to gain early support.

*“Our ELDAC facilitator was accessible and committed to our success – assisting with providing resources, making the links in our area with the specialist palliative care providers, negotiating for their support of our work and keeping us focused on the aims of a better approach to palliative care for older people within specified timeframes.”*

## The Power of Love – George

Sylvia, a CatholicCare Community Support Worker, was one of George and Suzi’s primary workers. She was fluent in Serbian and provided their only communication channel because English wasn’t their first language.

George’s initial aged care assessment stated he was suffering from malnutrition and fatigue. Staff noticed he and his wife were living off very basic foods with nothing substantial such as meat or vegetables. Suzi was also experiencing early signs of dementia. We started cooking with them and reintroduced meat and green vegetables.

Suzi was eventually placed in a dementia care facility. George was suffering from Myelodysplasia. Without Suzi, George was not himself. He was constantly overwhelmed with tears and loneliness from being separated from her. He visited Suzi once or twice a week. When George’s health began to deteriorate, he was placed into palliative care and was no longer well enough to see Suzi. Both George and Suzi had been placed in alternative permanent caring arrangements and no longer required in-home assistance from CatholicCare. However, George had one last wish - he wanted to see Suzi.

CatholicCare’s Aged Care Team were determined to fulfil George’s dying wish to see his beloved Suzi for the last time.

George could receive a gate pass from palliative

care if he was accompanied by a nurse. CatholicCare’s Registered Nurses Charmaine and Sylvia, and Case Manager Deb accompanied George in a special taxi organised to accommodate George’s wheelchair, on his final journey to see Suzi.

*“When I told Suzi we were here to see her, she came over to George and remembered him,” said Sylvia.*

*“They were just staring at each other and Suzi was picking some fluff off his top. It was as if he was drinking her in...inhaling her...especially their last kiss. He was just totally inhaling her feel and everything about her. He was home,” said Deb.*

George died peacefully not long after the visit. It was a stark reminder of the importance of others knowing your wishes, the fragility of life and the power of love.

The tools, resources and skills gained through the ELDAC Working Together program helped staff to identify points of deterioration throughout George’s end-of-life journey. Conversations with him about advance care planning were also able to facilitate CatholicCare’s support for the implementation of his wishes. This led to positive outcomes for George in his last days including visiting his wife in residential care.

*\*(This story was shared with George’s permission, told by Case Manager Debra Carryer Kemp.)*

**Kate Nolan, Executive Manager, Aged and Disability Services**