



Lerwin Nursing Home



Residential Aged Care



Murray Bridge,
South Australia

Linkage Strategies Used:

Written and Verbal Communication Pathways



Multidisciplinary Team Structures and Processes



Knowledge Exchange and Upskilling



Continuous Quality Improvement



Lerwin Nursing Home is a not for profit facility that provides residential, palliative and respite care to the surrounding district. Servicing many farming and rural districts and providing supported care for a broad range of community members including Aboriginal and Torres Strait Islander peoples, Lerwin was named by Uncle Herbert, one of the Traditional Owners of the Ngarrindjeri people and means to 'sit and rest'.

We acknowledge the Ngarrindjeri people as the traditional owners of this land on which we meet and work. We respect and acknowledge their spiritual connection as the custodians of this land and that their cultural heritage beliefs are still important to the living people today.

Prior to involvement with the ELDAC Working Together program, Lerwin staff had identified some service delivery needs and support improvement initiatives around training, documentation, and the use of clinical system / software. Through the ELDAC Working Together program, Lerwin saw opportunities for clearer connections with the local palliative care service and other services.

"Access to senior clinicians in a rural setting is always challenging. We didn't have strong connections with palliative care services in our wider community and we saw this as very valuable to our care provision. Through our new links, the Specialist Palliative Care Clinical Consultant has supported us with education and mentoring."

Through involvement in the ELDAC Working Together program and service mapping activity, staff have been better able to identify and strategically pinpoint services to work with that would help ensure a more integrated approach for residents. Families are also now more closely considered during the bereavement stage and staff are initiating conversations confidently and earlier with residents, families and General Practitioners (GPs). These early stage conversations are translating into a more holistic end-of-life experience for residents.

"Our families being truly considered and involved in the decision-making around end-of-life care is helping us provide a more holistic level of care for residents and their families."

Benefits

- Established stronger connections with the specialist palliative care service.
- Provided education opportunities upskilling staff.
- Developed care pathway processes.
- Developed resources to provide families with bereavement care.

The following case story has been reproduced with the consent of the resident's family. ELDAC acknowledge that the person has passed away and offers thanks to the family for allowing the story to be shared.

A more holistic approach

Edith was a resident at our Lerwin facility who brought joy to all. A true character, she was a proud Ngarrindjeri woman. We all agreed she was very happy living at Lerwin.

After her passing, the family asked if they could come and speak at a staff meeting. They especially wanted to let us know how grateful they were for our support and care of their mother. Four of her children spoke at the meeting and presented a gift to our staff.

The children spoke lovingly of their mother and emphasised how much they appreciated the level of care our staff were able to provide. They acknowledged that our team knew their mother as well as they did and said they were happy that our team had made it possible for her to reside with her partner right through to the end.

They commented on the care and attention their mother had received during her time at Lerwin and the love that she had received too. 'We saw the love, she told us about it and it was clear she loved it at Lerwin,' they said. Her son also spoke and explained the deep family connection with Lerwin – their uncle had given the name Lerwin meaning: to come, sit down and rest.

The family expressed their gratitude:

"We think of what you have done for us as a family. We understand how challenging care can be. Mum didn't have to come; she chose to come to Lerwin with her partner because

she would never let him go. We knew it was her choice and she wanted to come. Edith and her partner were happy sharing their time together here at Lerwin."

Over the week when Edith was close to end-of-life, many family members came to see her – at times there were many, many visitors overflowing out of the room – all there to say their goodbyes. Old and young, all grateful that their family was able to be together. When there wasn't enough space in Edith's room, the staff found seating in the passages, children played, families laughed and shared. They shared their time with Edith. All the time our staff were respectful of creating a culturally appropriate and safe place for the family.

During this time, we were able to consult with the Specialist Palliative Care Clinical Consultant to provide advice and symptom management support. We cared for Edith with all our heart, knowledge and skills.

The family expressed their appreciation for what the staff do and what they were able to do for their mum. It meant a lot to our staff to have Edith's family come back to Lerwin, express their gratitude and share memories of Edith. Caring for Edith, her partner and her family provided a rich learning experience for our staff. We were touched that they came to speak at our formal meeting. It was indeed a gift to care for Edith who brought so much joy to Lerwin and gave us the gift of confidence in our care.

Ruby Ash, Manager and Clinical Care Team, Lerwin