EMPOWERING AGED CARE NURSES TO DELIVER HIGH QUALITY PALLIATIVE AND END OF LIFE CARE

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KEYWORDS
Education, Specialist Palliative Care, RACHs

EXECUTIVE SUMMARY
This project addresses gaps in palliative care knowledge and confidence among Residential Aged Care Home (RACH) nurses across South Western Sydney. A targeted education package, based on the End of Life Directions for Aged Care framework, was developed and delivered by a Clinical Nurse Educator alongside the Specialist Palliative Care in RACH service. Across 65 sessions and webinars, 679 nurses participated, with strong engagement and strengthened knowledge. Outcomes show improved confidence in managing generalist palliative care, with the specialist team supporting more complex cases. This initiative strengthens workforce capability and supports quality end of life care for residents within the RACH.

INTRODUCTION
The South Western Sydney Local Health District (SWSLHD) Specialist Palliative Care in RACH service operates as a nurse-led consultant model and provides specialist palliative care to residents living in Residential Care Homes. The team services 60 RACHs across the South Western Sydney, covering Liverpool, Fairfield, Bankstown, Macarthur and Wollondilly Local Government Areas (LGAs). The service is made up of a Clinical Nurse Consultant (CNC) and two Registered Nurses (RNs). Through increasing referrals and demand, the Palliative Care in RACH team identified a gap in Aged Care RNs knowledge and confidence when providing generalist palliative care within facilities. With joint funding from the Commonwealth and NSW Ministry of Health under the Comprehensive Palliative Care in Aged Care (CPCiAC) measure, the service employed a temporary Clinical Nurse Educator (CNE) to develop and deliver a Palliative Care Education Package targeted to RACH RNs.

HIGHLIGHTS
- The Specialist Palliative Care in RACH service was developed to assist residents and Aged Care nurses in managing palliative and end of life care within facilities.
- An education package made up of four palliative and end-of-life care topics was developed using the End of Life Directions for Aged Care (ELDAC) Residential Care Toolkit and Care Model to better support aged care RNs in developing confidence in managing generalist palliative care symptoms.
- A total of 64 education sessions were held in Residential Aged Care Homes within Liverpool and Fairfield LGA. A total of 679 Registered Nurses working within RACHs attended across all education sessions.

METHODOLOGY/ PROCESS
SWSLHD SURVEY
A district wide survey was conducted to assess interest, identify learning needs, preferred training formats and engagement with existing palliative care resources. Results showed low uptake of the ELDAC program, with only 17 of 60 facilities having previously engaged. Just five facilities had a dedicated palliative care Clinical Nurse Consultant (CNC), with most relying on the SWSLHD Specialist Palliative Care team. These results showed gaps in knowledge, confidence and access to education, which informed the design of the education package.

EDUCATION DELIVERY
In response to the identified gaps and workforce needs, the SWSLHD Palliative Care Service employed a temporary CNE up to 12 months, with specialist palliative care expertise to develop and deliver an education and training package based on the End of Life Directions for Aged Care (ELDAC) Care Model and Residential

Care Toolkit. This resulted in the development and delivery of four education sessions, which commenced in August 2025, to RACH Registered Nurses across the Liverpool and Fairfield LGAs. The four core topics included:

1. Respond to Deterioration
2. Recognise End of Life
3. Advance Care Planning and Communication
4. Managing Pain and Breathlessness

The CNE also delivered an online webinar for RACH Clinical Managers, addressing high level topics including managing complex conversations with families and carers, end of life law, and updates to the Strengthened Aged Care Quality Standards. This session was attended by 22 managers representing 9 RACHs. Additionally, the CNE in collaboration with the CNC from the Specialist Palliative Care in RACH team, delivered an online Syringe Driver education webinar for Registered Nurses. This session focused on the safe use of subcutaneous infusion devices for end of life symptom management and was attended by 54 participants from 19 RACHs across the South Western Sydney district.

RESULTS/ OUTCOMES

So far, the project has had a significant reach for the RACHs within SWSLHD, the CNE has held a total of 63 education sessions and 2 webinars. The graph in figure 1 shows the number of sessions attended across the four training topics by each participating facility. A total of 679 Registered Nurses attended across all sessions held and 70% reported they were “very satisfied” with the information provided in the education sessions.

Figure 3 shows number of referrals made by RACHs to the Palliative Care in RACH team from January 2025 (before education package started) and January 2026 (after delivery of four topics). There is a reduction in referrals made, indicating that RACHs have been receptive to education and nursing staff are building knowledge and confidence through education. A dataset of 20 referrals were reviewed, and the reasons for referral were used to classify cases as either generalist or specialist palliative care needs. Table 1 compares referrals to the Specialist Palliative Care team from Fairfield LGA RACHs in January 2025 and January 2026. Fewer generalist referrals were made after the education program, suggesting that RACH registered nurses felt more confident managing residents within the facility.

CASE STUDY

After completing the targeted palliative care education program and working with the Specialist Palliative Care RACH Service, staff at this residential aged care home showed a clear improvement in how they managed residents nearing end of life. Instead of responding in a crisis, nurses recognised early signs of decline in a resident with complex health issues and acted appropriately. Organising a family meeting, updated the Advance Care Plan and supported a shared decision to focus on comfort care within the facility rather than transferring to hospital. Staff confidently put care plans into action, including oxygen therapy, symptom management and coordination with the GP. With early input from the palliative care team, they were able to advocate for appropriate medications. The resident remained in the home, comfortable and well supported, and died peacefully with family present and spiritual support in place. This case study shows how education has assisted RNs to feel more confident and strengthen communication skills.

CONCLUSION

In conclusion, the delivery of targeted palliative care education by the CNE for RACH Registered Nurses and Clinical Managers, has demonstrated strong engagement across the district and emphasised the value of palliative and end of life care education within Residential Care Homes. The education package has supported the workforce capability of Residential Aged Care Nursing staff in feeling more confident and skilled to deliver generalist palliative and end of life care to residents within their facilities. The service recognises the importance of embedding the CNE role on a permanent basis to further strengthen the education program, ensuring RACH staff continue to receive current and evidence-based information. Next steps would be to roll out training to the wider district RACHs including Bankstown, Macarthur, Wollondilly LGAs and develop education packages that are tailored to the scope of different RACH staff such as Enrolled Nurses (ENs) and Care Staff.

Figure 1 illustrates the number of sessions attended across the four training topics by each participating facility.

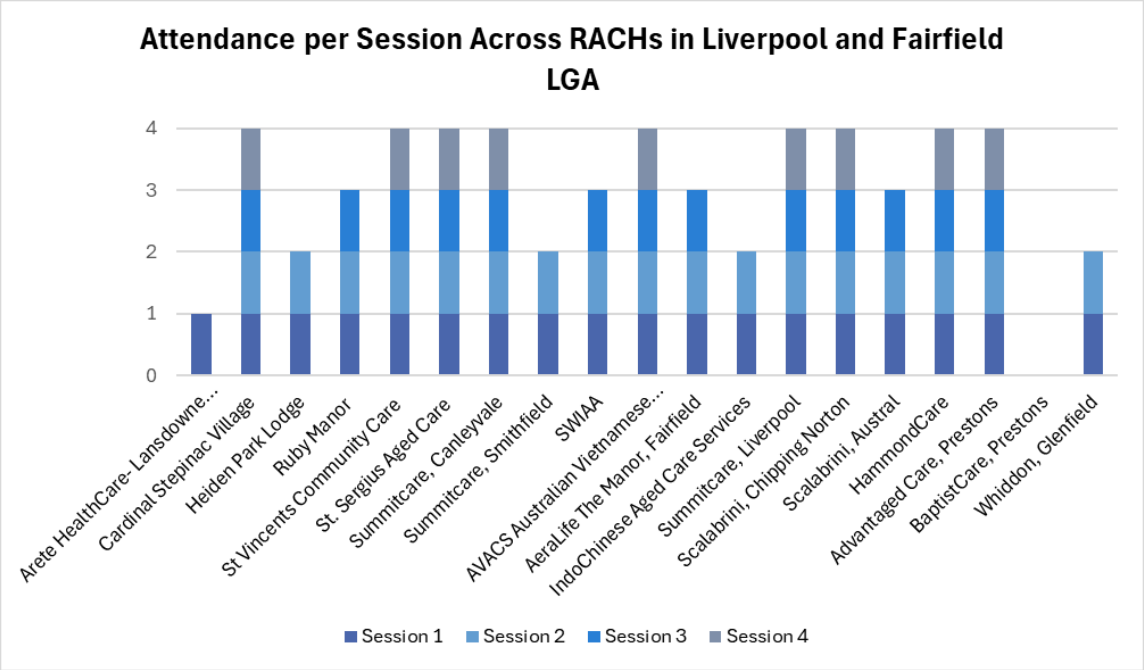

Figure 1: Attendance by facility across four education topics

Figure 2 shows the total number of sessions provided per education topic.

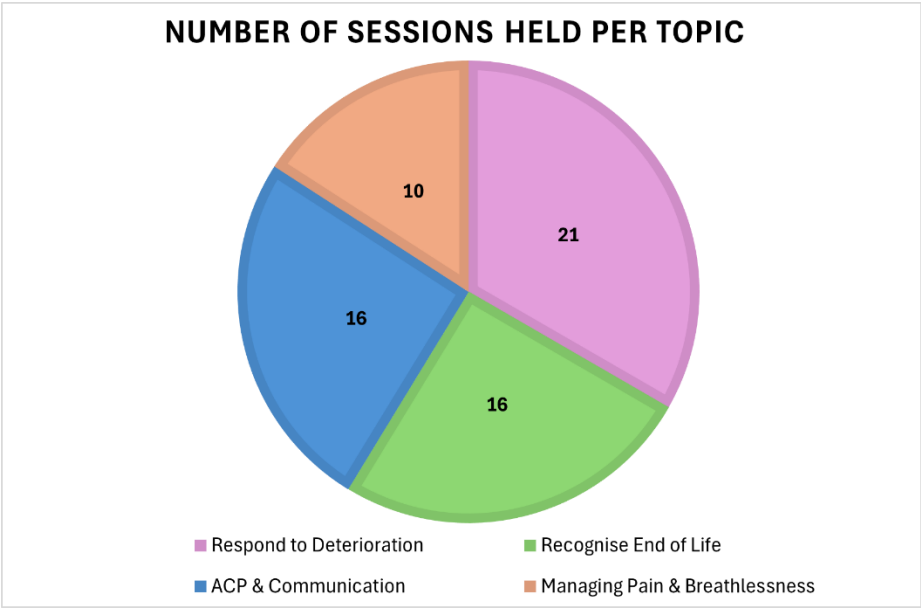

Figure 2: Number of sessions per topic

Figure 3 compares the number of referrals made by RACHs to the Specialist Palliative Care in RACH team in January 2025 (pre-education package) and January 2026 (post delivery of four education topics).

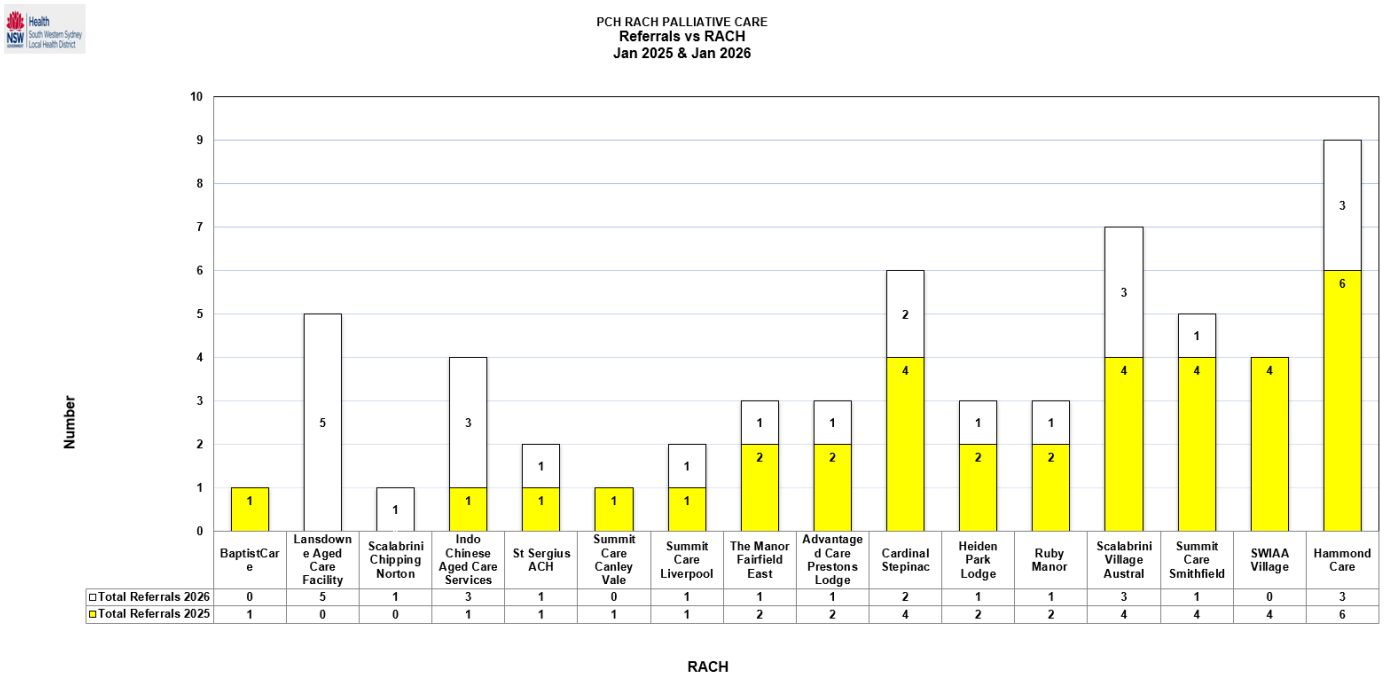

Figure 3: RACH referrals January 2025 and January 2026

Table 1: shows a comparison in reasons for referrals to the Specialist Palliative Care service in January 2025 (pre-education package) and January 2026 (post delivery of four education topics). Referrals made post-education were more complex and requiring Specialist Palliative input, while pre-education referrals were more often manageable within the RACH however referred onwards.

Table 1: Residential Aged Care Homes Reasons for Referrals

RACH referrals to the Specialist Palliative Care Service			
January 2025		**January 2026**	
#	Reason for Referral	#	Reason for Referral
1	Change in condition, nil symptoms of concern, dementia	1	Dementia behavioural
2	Palliative care dementia, mild pain	2	Dementia, DVT
3	Poor appetite, refusing medications	3	Multiple hospital admissions, general decline in health, Parkinsons
4	Prostate cancer, nil symptoms of concern, Advance Care Planning	4	Declining in condition, poor appetite
5	Palliative care dementia, no Advance Care Plan		
6	Palliative care dementia, pain management non-complex pain		
7	General decline, decreased oral intake, weight loss		
8	Arthritic pain		
9	Dementia decline, Advance Care Planning		

Figure 4 shows an increase in self-reported knowledge and confidence from RACH RNs in regards to understanding what palliative and end of life care is, pre-education and post-education implementation.

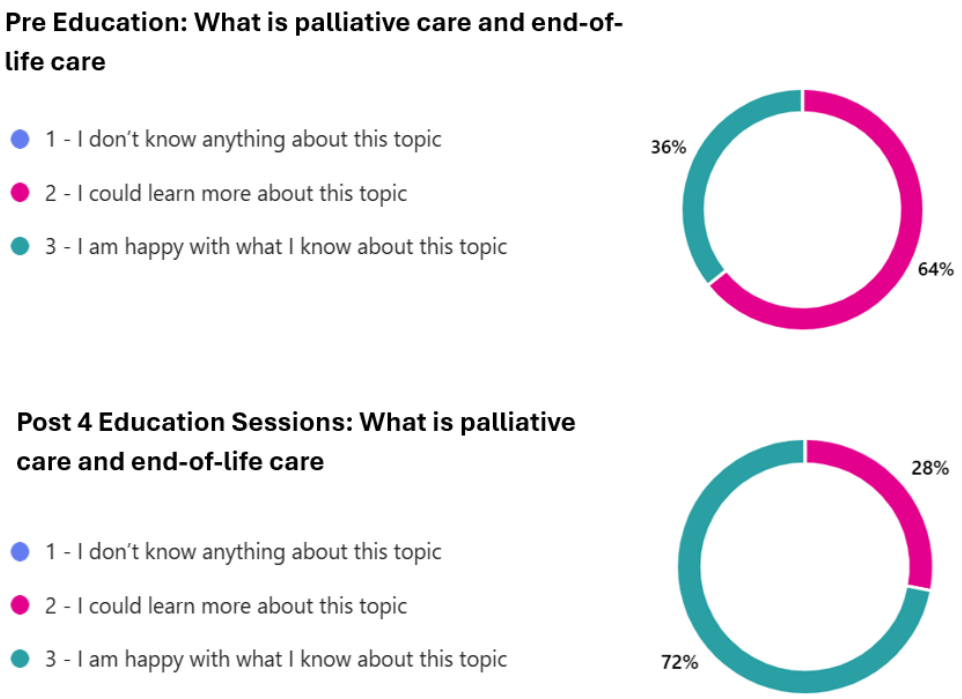

Figure 4: Self-reported knowledge and confidence levels of RACH RNs

Figure 5 shows an increase in self-reported knowledge and confidence from RACH RNs in regards to understanding Advance Care Planning legislation pre-education and post-education implementation.

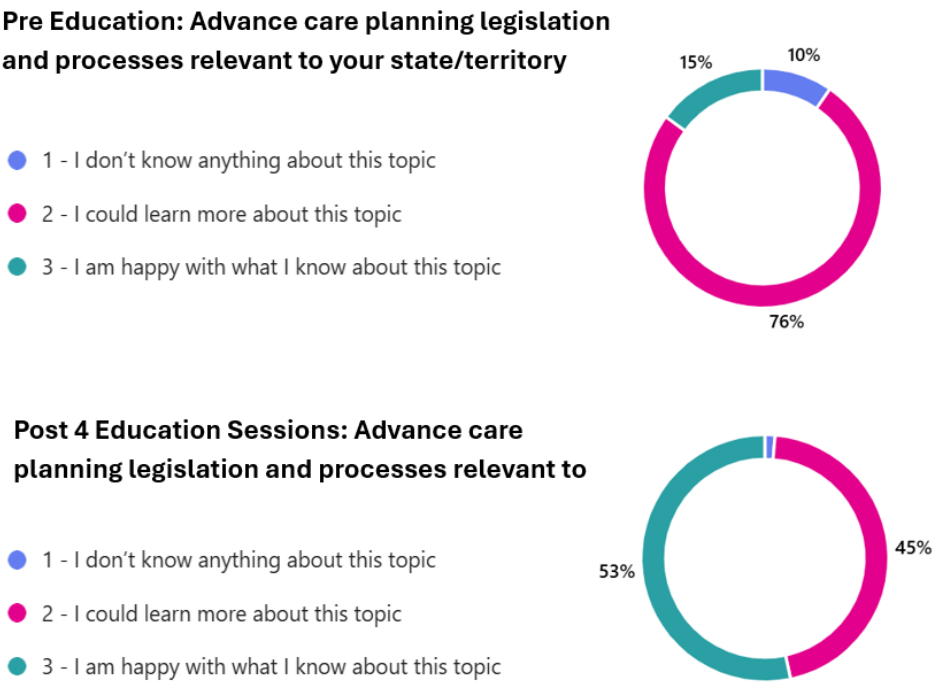

Figure 5: Self-reported knowledge and confidence levels of RACH RNs