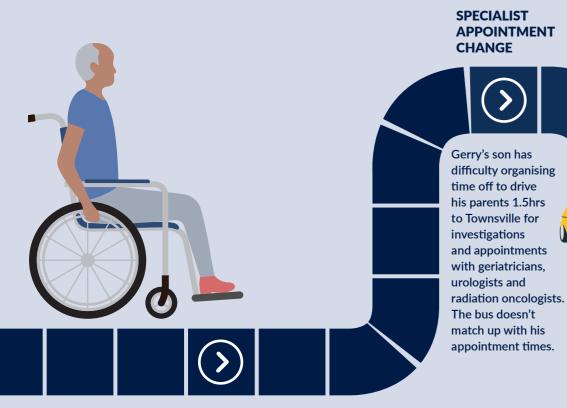
# Gerry's journey

### **Charters Towers - Prostate Cancer**

Gerry is a 79 year old man who is diagnosed with locally advanced prostate cancer, which has impacted his activities of daily living. He lives with his wife and has one son who is an interstate truck driver based in Charters Towers.



### **PRIMARY CARE**

Gerry is very embarassed talking to the nurse about the blood in his urine and nearly falling over at night going to the toilet. He sent his wife in to buy a urinal bottle from the pharmacy. Gerry is not looking forward to travelling to Townsville to talk to more doctors about it. He doesn't understand what they meant when they said PSA.

### **Key Themes:**

- Charters Towers is 135km from Townsville
- Transport options are limited and can be difficult for some people to access/use
- Advance Care Planning is not one conversation
- Adjustment associated with loss of independence

## ADVANCE CARE PLANNING

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Over a few months, the SPaRTa team and community health nurse help Gerry to share his wishes and what matters most to him.

## SPECIALIST PALLIATIVE CARE

During an admission to Charters Towers Hospital, Gerry is referred to Specialist Palliative Rural Telehealth service (SPaRTa).

#### **SUPPORT SERVICES**

The social worker helps
Gerry apply for community
services through My Aged
Care. He receives support
with transport but declines
for anyone to come into his
home. Gerry's friends are
worried. They help as much
as Gerry will allow them.

### **HOSPITAL ADMISSION**

Gerry is admitted to Charters Towers Hospital several times with dehydration and pain. Telehealth appointments with radiation oncologists and geriatricians are organised by the nurses. The doctors complete an Acute Resuscitation Plan with Gerry. His wife is scared, she doesn't know if this means he will die soon. Gerry doesn't want to talk about it. Gerry and his wife do not know how to explain what is happening to their son.

## IN HOME SUPPORT

Gerry can see his wife is becoming more frail. He accepts services for domestic assistance, nursing support and personal care coming into their home. Contracted community nursing for palliative care in the home is organised by SPaRTa.

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#### **GRIEF & LOSS**

Gerry dies at the hospital with his wife present. She doesn't want to leave him.





### **FINAL WISH**

In between Gerry's many admissions to Charters Towers Hospital, his son takes him to the pub for one last drink with his mates. Gerry is the happiest he has been in months.

#### **Potential issues/barriers:**

- Referral late in the diagnosis
- Workforce shortages and skillset across all services
- Recognition of symptoms associated with prostate cancer care
- Wife's ability to visit regularly and be present for important discussions



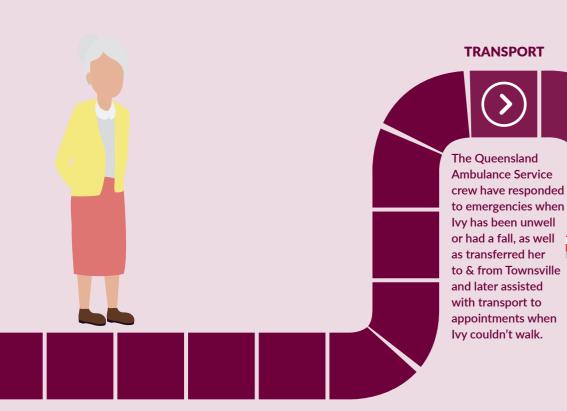
by funding from Northern Queensland Primary Health Net Australian Government's PHN program.

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# lvy's journey

### **Charters Towers - Residential Aged Care Facility -**Parkinson's Disease

Ivy is an 86-year-old woman who lives with her daughter, son-in-law and grandchildren on a property 30kms out of Charters Towers. Ivy has a diagnosis of Parkinson's disease and her family has noticed a significant decline in her condition over the last 6 months. After Ivy is diagnosed with dementia, it is increasingly difficult for her to remain at home.



Ivy's daughters are both retired. They are both very close to their mother and promised they would care for her so she didn't need to go into residential aged care. Ivy's grandchildren help as much as they can.

### **Kev Themes:**

- Many GPs find it difficult to provide care for their patients when they enter residential care
- Advance care planning
- Complex breavement
- Waitlists for aged care services

### **ONLINE SUPPORT**



Ivy's grandchildren search online for more information on caring for people with Parkinson's and Dementia. They share information from Parkinson's Australia, Dementia Support Australia and CarerHelp with their mother and aunt.



An initiative of

### **CARER BURNOUT**

Ivy is eligible & waitlisted for a Level 4 Home Care Package. She was allocated a Level 2 package until a Level 4 was available. Ivy's daughters use as much assistance as they can, but since Ivy started having symptoms of dementia it has been hard.

Ivy's daughters are very distressed when they have no choice but to use residential aged care for respite.



### **COMPLEX BEREAVEMENT**

lvy's daughters feel upset & guilty for many years that Ivy lived & died in an aged care facility. They knew she didn't want this.



### **RESIDENTIAL AGED CARE**

Ivy has increasing & prolonged admissions to Charters Towers Hospital. Ivy's daughters are very distressed when they have no other option but to organise residential aged care for Ivy. Ivy stays in the hospital waiting for a bed to become available. After moving into the aged care home, lvy has a new GP and continues to have frequent hospital stays.

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### **Potential issues/barriers:**

- Travel to Townsville
- Family's ability to care for her increasing medical needs with declining health
- Specialist palliative care service not routinely considered for people with neurological conditions
- Workforce shortages across all services and limited backfill for leave in some services

### COMPLEX **MEDICATION REGIME**

The pharmacists at the hospital always prioritise seeing Ivy quickly as her medications are time critical. While the general practitioners and community pharmacists have provided regular education and reassurance to Ivy and her daughter over the years.

### **CHARTERS TOWERS HOSPITAL CARE**

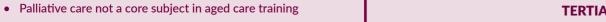
The multi-disciplinary care team at the hospital know Ivy and her family well. Ivy has seen many doctors, nurses and allied health professionals come and go over the years. The occupational therapist and physiotherapist have completed home visits to organise equipment and provide training to the family. Ivy is referred to My Aged Care for ongoing support.



### **TERTIARY CARE**

lyy often gets transferred by ambulance to Townsville University Hospital (TUH) for specialist care. The Clinical Nurse Consultant for Parkinson's is Ivy's main contact but the whole team know her well. Ivy's daughters continue to care for Ivy when she is in hospital as her care needs are complex. On the last visit, the geriatrician





diagnoses lvy with dementia.