

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 embarrassed 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.

SPECIALIST APPOINTMENT CHANGE

Gerry's son has difficulty organising time off to drive his parents 1.5hrs to Townsville for investigations and appointments with geriatricians, urologists and radiation oncologists. The bus doesn't match up with his appointment times.



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.

SPECIALIST PALLIATIVE CARE

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

ADVANCE CARE PLANNING

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

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.



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.

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

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



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The CELC Townsville project is administered by Palliative Care Queensland and supported by funding from Northern Queensland Primary Health Network (NQPHN) through the Australian Government's PHN program.

Ivy'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.

Key Themes:

- Palliative care not a core subject in aged care training
- 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

TRANSPORT

The Queensland Ambulance Service crew have responded to emergencies when Ivy has been unwell or had a fall, as well as transferred her to & from Townsville and later assisted with transport to appointments when Ivy couldn't walk.



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

Ivy 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 Ivy with dementia.

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.



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.



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, Ivy has a new GP and continues to have frequent hospital stays.

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



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