

# EMPHN Aged Care Collaborative Sessions

5<sup>th</sup> May 2026 | East Region – East Ringwood

**phn**  
EASTERN MELBOURNE

An Australian Government Initiative



Eastern Melbourne PHN is primarily funded by the Australian Government through the Department of Health, Disability and Ageing.



# Welcome

**Raylea Sola**

Program Manager General  
Practice Improvement Digital  
Enablement

## Working Together

We foster partnerships  
by being inclusive and  
interacting as one  
team to achieve  
shared outcomes



## Acknowledgement of Country

Eastern Melbourne PHN acknowledges the Wurundjeri people and other peoples of the Kulin Nation on whose unceded lands our work in the community takes place. We pay our respect to Aboriginal and Torres Strait Islander cultures; and to Elders past and present. EMPHN is committed to the healing of Country, working towards equity in health outcomes, and the ongoing journey of reconciliation.

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## Recognition of lived experience

We recognise and value the knowledge and wisdom of people with lived experience, their supporters and the practitioners who work with them and celebrate their strength and resilience in facing the challenges associated with recovery. We acknowledge the important contribution that they make to the development and delivery of health and community services in our catchment.



# Housekeeping



## Coffee & Morning Tea

Coffee station; morning tea at 10:15



## Bathrooms

Directly outside function room entry doors



## Emergency Exits

Please await directions from Karralyka staff



## No smoking or vaping



## Wi-Fi

Password on card on table



## Phones

Please keep your phones on silent



## Time

We'll keep things on track, so we finish by 11.30am



## Photos

We will be taking photos throughout the day – if you do not want your image shared, please let us know

# Welcome

Opening Address

**Narelle Quinn**

Executive Director Primary  
Care Innovation and  
Development



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# The role of Primary Health Networks

The Australian Government established Primary Health Networks (PHNs) to increase the efficiency of medical services, reduce fragmentation of care and improve health outcomes for everyone, especially for the most vulnerable. There are 31 Primary Health Networks in Australia and six in Victoria.

## Key objectives:

- increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes
- improve coordination of care to ensure patients receive the right care in the right place at the right time.



# Our role as coordinator, commissioner and capacity builder

## As a PHN, there are three core areas of activity and priority:

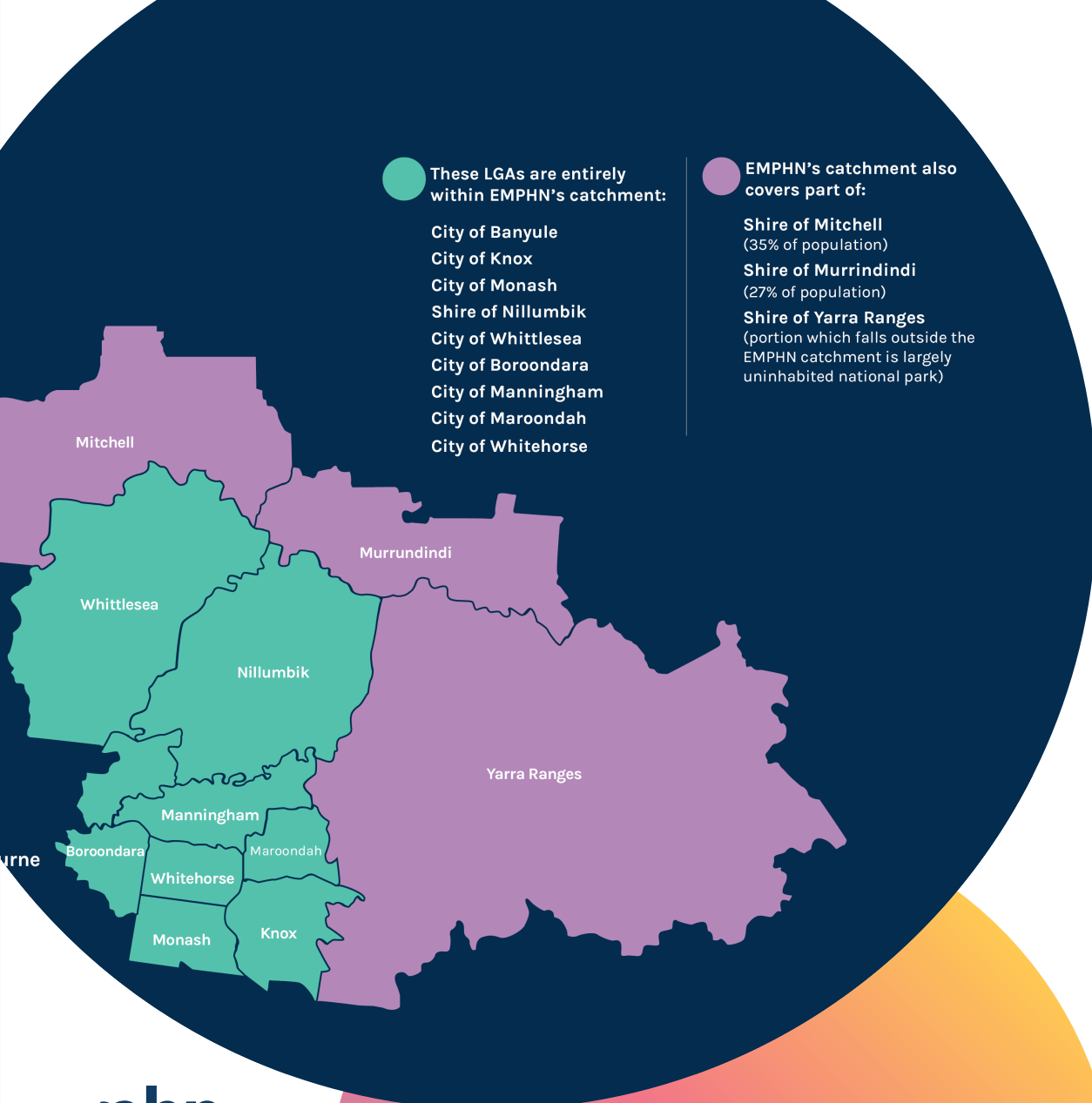
1. Coordination
2. Commission
3. Capacity-build

## We work to achieve our vision of:

- Better health outcomes
- Better health experiences
- An integrated health care system

## Through our five strategic priorities:

1. Addressing health gaps and inequalities
2. Enhancing primary care
3. Leveraging digital health, data and technology
4. Partners working as a single service system
5. A high performing organisation



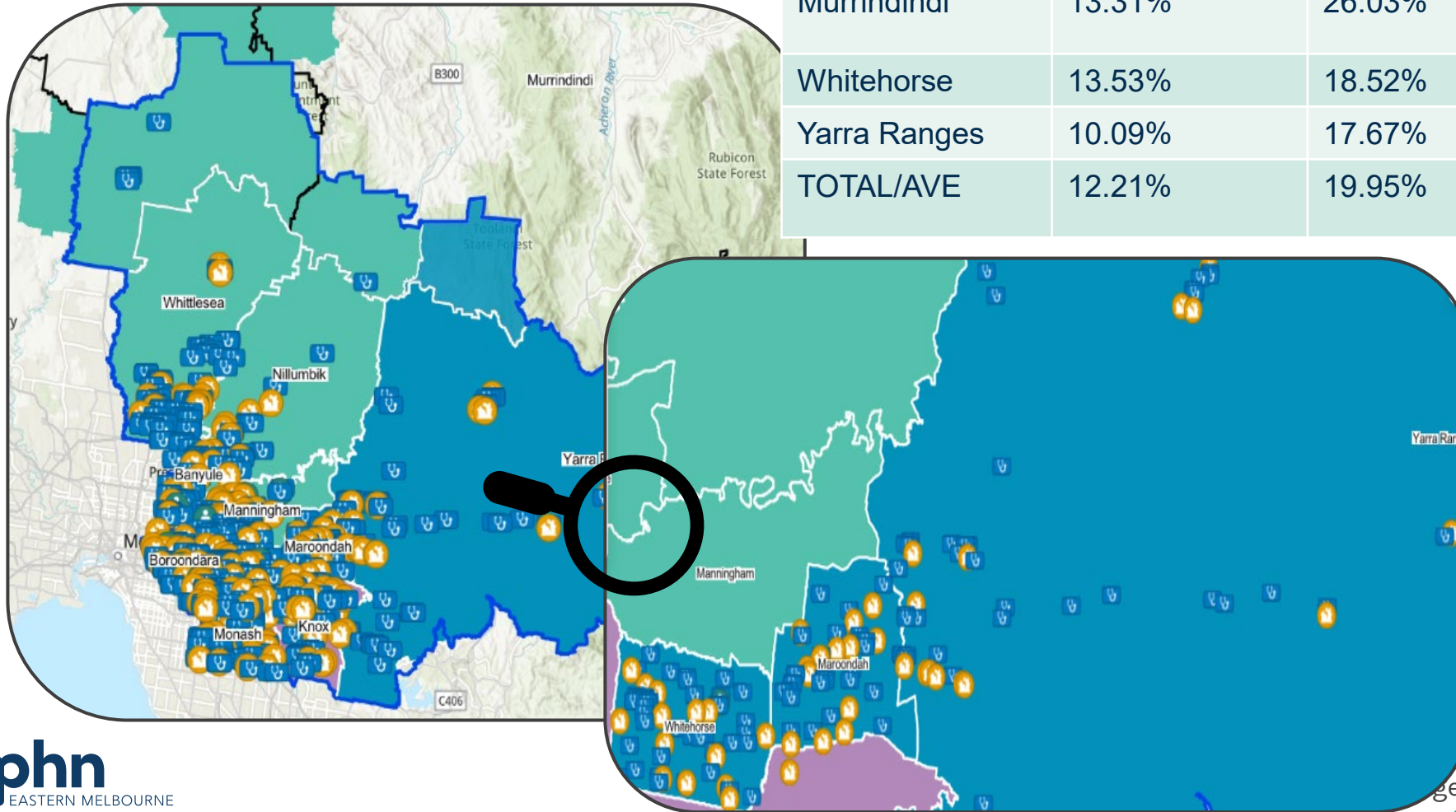
# Our community snapshot

EMPHN's catchment ranges across the east and north-east of Melbourne and includes 12 local government areas - with three of those shared between EMPHN and other PHNs.

The people who live in EMPHN's catchment are from a diverse mix of ethnicities and socio-economic backgrounds with a wide range of health needs that require a targeted primary health response.

# The local picture

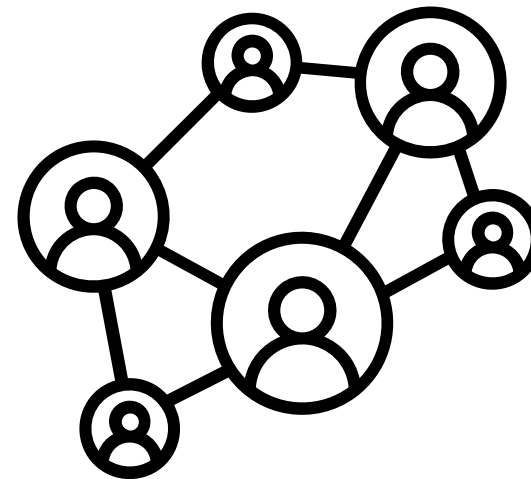
LGA	Projected population increase by 2030 (%)	Older People (65+)	Residential Aged Care Homes	General Practices
Maroondah	11.90%	17.58%	12	25
Murrindindi	13.31%	26.03%	0	1
Whitehorse	13.53%	18.52%	12	49
Yarra Ranges	10.09%	17.67%	14	49
<b>TOTAL/AVE</b>	<b>12.21%</b>	<b>19.95%</b>	<b>38</b>	<b>124</b>



# What does EMPHN do?

## How EMPHN supports you

- Connects residential aged care homes, general practices and health services
- Strengthens collaboration and coordination
- Uses insights to drive practical system improvements
- Supports more integrated, resident-centred care



# Working together



# Your Facilitator

Founder and Director of **MediCoach** and a nationally recognised leader in primary care. With more than 35 years of experience spanning nursing, coaching, innovation and system redesign, Kim has shaped workforce development and quality improvement across Australia and internationally.

Kim is known for her work in change management, chronic disease care and team-based practice transformation.



# Today's Journey

- Why are we here and what is the problem we are working on?
- What will success look like?
- What will we do with what we learn today?
- What is most important?
- What is next?

# EMPHN Aged Care / GP Collaborative Sessions Eastern Health and St Vincent's Hospital

Date 5 May 2026 | Region East Metro

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## Aim:

Emergency Department diversion for acutely unwell aged care residents when **care-in-place** can be safely delivered and aligns with the preferences of the resident (or medical decision-maker)

## Approach:

- Timely clinical support
- Empower aged care homes and GPs to provide care-in-place
- Also provide short term follow-up at transitions of care (post-hospital discharge)

	St Vincent's InReach	Eastern Health InReach
Catchment	<ul style="list-style-type: none"> <li>• <b>Boroondara</b></li> <li>• Darebin (Southern)</li> <li>• Yarra</li> </ul> <p>No. of RACH beds - 3121</p>	<ul style="list-style-type: none"> <li>• <b>Boroondara</b></li> <li>• Knox</li> <li>• Manningham</li> <li>• Maroondah</li> <li>• Monash</li> <li>• Whitehorse</li> <li>• Yarra Ranges</li> </ul> <p>No. of RACH beds - 10465</p>
Hours	<p>Monday to Sunday 8am – 4pm Public Holidays 8am – 4pm</p>	<p>Monday to Friday 8am – 8pm (medical till 4.30pm) Weekends 8am – 4pm Public Holidays 8am – 4pm</p>
Staffing	<p>3-5 nurses + Nurse practitioner 3 doctors – Registrar, Geriatrician, HMO Reduced staffing on weekends and public holidays</p>	<p>2 - 3 nurses 2 doctors – Registrar, Geriatrician Reduced staffing on weekends and public holidays</p>
How to refer	Ph: 1800 891 300	Ph: 9955 7474
Mode of contact	<ul style="list-style-type: none"> <li>• In-person visits</li> <li>• Video-telehealth</li> <li>• Phone calls and advice</li> </ul>	

## Services:

- ✓ Medical and Nursing acute assessments and management including:
  - Acute illness
  - Post-falls (+/- Wound closure)
  - Urinary catheter troubleshooting
  - PEG tube changes and troubleshooting
  - End-of-life care
- ✓ Post-hospital discharge follow-up (phone follow-up +/- visit)
- ✓ Phone advice with RACH nurses and General Practitioners
- ✓ Linkages with hospital-based specialties and unit
- ✓ Education – onsite and Education days

# What's working well (to support care-in-place)



## The people

RACH staff and GP who know the residents and their families well

Good relationships between GPs and InReach



## The medication systems

Imprest medication system

Electronic medication systems



## The technology

Video-telehealth



## The other services available

VVED

Palliative Care Advisory Service

Mobile imaging services (M.R.A. and E.M.R.G.)

Pathology services



Continuing education for RACH staff – arranged by RACH,  
done online or attend sessions by InReach

# Challenges

- ❖ Increasingly complex and frail residents
- ❖ Lack of imprest medication system in RACH
- ❖ Access to GP
  - Afterhours – locum GP service capacity, Outer metro areas
  - Regular GP on extended leave without covering GP

# Wish list

- Imprest medication system in all RACHs
- Aged care nurses supported to provide best care  
e.g. Upskilling : catheter care, palliative care, dementia (BPSD)
- Goals of care discussions captured and regularly reviewed

# EMPHN Aged Care / GP Collaborative Sessions Ambulance Victoria

5th May 2026 | REGION East Metro

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**Nicole Petzierides:**  
Paramedic  
Triage Practitioner  
Alternate Service Lead

# What's Working Well

- Improved access to medical history
- Increased uptake of VVED and Residential In-Reach



# Barriers to Care

- Information at point of call
- Our system
- Expectation setting with residents and families



# A Collaborative Path Forward

- Encourage strong communication and information sharing at the earliest point of contact
- Continue building confidence in early discussion with residents and families about goals of care and available pathways.
- Ongoing uptake and early consideration of services such as the Victorian Virtual Emergency Department and Residential In-Reach as part of routine clinical decision-making.

# Contact

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E: [Alternateservices.lead@ambulance.vic.gov.au](mailto:Alternateservices.lead@ambulance.vic.gov.au)

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EMPHN - RACH Collaborative Session - VVED May 2026 -  
YouTube

# Victorian Virtual Emergency Department

Dr Raja Devanathan  
VVED GEDI Clinician  
May 2026

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VICTORIAN VIRTUAL  
EMERGENCY DEPARTMENT



## VVED – GEDI Service

- Established March 2024
- Diverse group of clinicians:
  - Community GPs
  - GP aged care clinicians
  - Geriatricians
  - Palliative Care Physicians
  - Emergency Physicians
  - Nurse Practitioners



# VVED - GEDI Service

- Statement of priorities
- Support older persons in RACFs
- Provide more localised care
- Avoid ED presentations where possible
- Link in community in reach services
- Provide real time clinical assessment, advice, and care coordination
- Involve key decision makers (e.g: MTDM)
- Collaborative model between VVED, RACF, Primary Care Physicians, Residential InReach



# Service Data and Impact

Total	Number of Presentations (Yearly/Monthly/Daily)
2024	31828/2652/86
2025	42205/3517/115
2026	11783/3927/130



# Service Data and Impact

	2024	2025
Diversion %	82.5%	85%
TTT (min)	23	37
Length of Stay (min)	79	94
RACF	89.8%	95.2%
AV Consult	6.9%	2.7%
Other	3.3%	2.1%



# What's Working Well

- Strong, experienced, multi-disciplinary team
- Shared vision
- Capability to manage complex presentations (e.g.: Palliative care)
- Ability to run family meetings in real time
- Diverse workforce bring in various expertise in the one place
- Strong workforce morale / collegiality



# Opportunities and Future Improvements

## System improvements

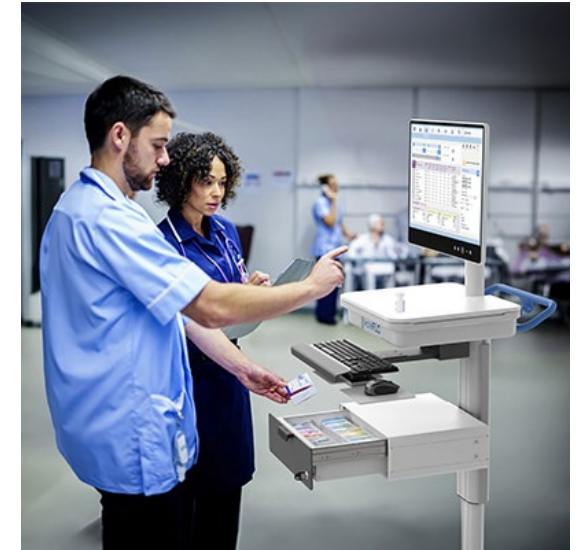
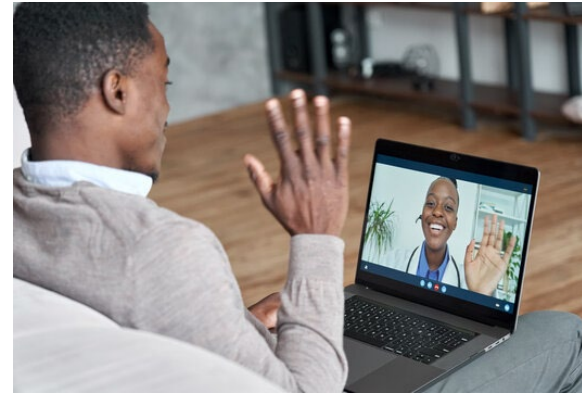
- Streamline referrals/pathways
- Address variation in aged care policies and protocols
- Improve software integrations between systems

## Operational Challenges

- Connectivity issues (e.g.: WI-FI reliability)
- Health Direct reliability
- Ability to manage surges within GEDI
- Limited access to Workstation on Wheels for RACFs (e.g.: staff using personal devices)

# If we could change one thing...

# CONNECTIVITY



# Contact

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Parvinder Sethi – Clinical Lead  
Victorian Virtual ED - GEDI

[Parvinder.Sethi@nh.org.au](mailto:Parvinder.Sethi@nh.org.au)

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# Panel Q&A

# Break

Back at 10:25

# Today's Journey

- What did we learn today?
  - Education needs
- Where to from here?
  - Online Community of Practice

# Thank you!

## What we achieved:

- Had open and honest conversations about what is working and where we need to focus improvements
- Identified practical steps we can take together

## Next steps:

- Turn today's insights into clear, actionable priorities
- Share outcomes and keep you posted
- Establish virtual communities of practice to ensure the work keeps momentum



# Useful Resources

- **Round 2 of the Residential Aged Care Equipment Grants Program** (Department of Health) is now open for Victorian residential aged care providers. Applications opened on **23 April** and close 4pm **21 May 2026**. Find more information here [Residential Aged Care Equipment Grants Program](#).
- [Residential aged care – EMPHN](#)
- [Aged Care GP Matching – EMPHN](#)
- [Residential Aged Care Resource Navigator – EMPHN](#)
- [Subscribe to our publications – EMPHN](#) (Subscribe to our RACH bulletin)



Please  
Provide  
Feedback

# Contact

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E: [rachsupport@emphn.org.au](mailto:rachsupport@emphn.org.au)

W: <https://emphn.org.au/>

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