

EMPHN Aged Care Collaborative Sessions

6th May 2026 | North Region - Bundoora

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.

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

Two access points



Emergency Exits

Please await directions from Uni Hill 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

The presentation will be available post event in resource hub and link emailed.

Welcome

Opening Address

Narelle Quinn

Executive Director Primary Care
Innovation and Development

Working Together

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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

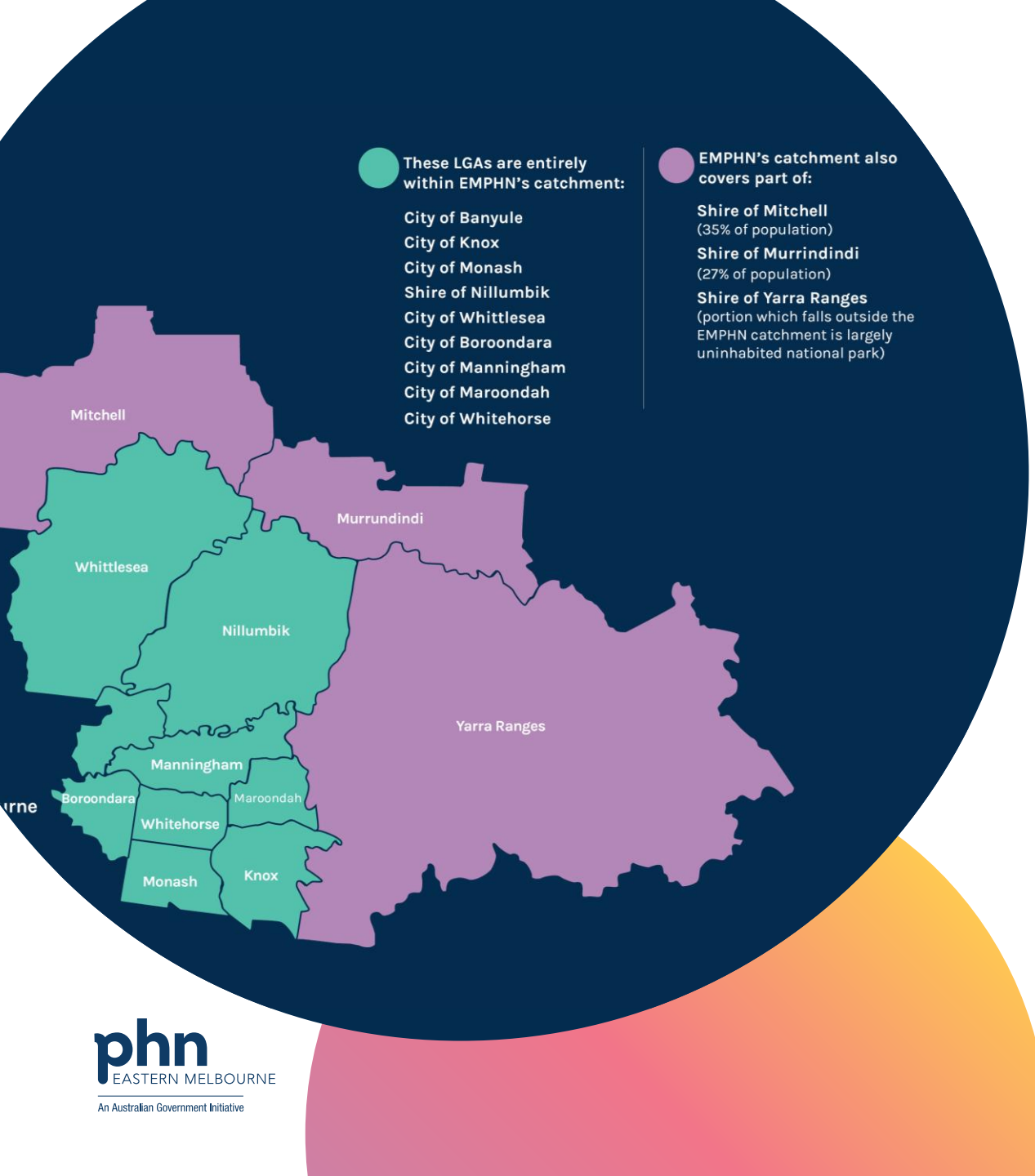
Through our five strategic priorities:

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

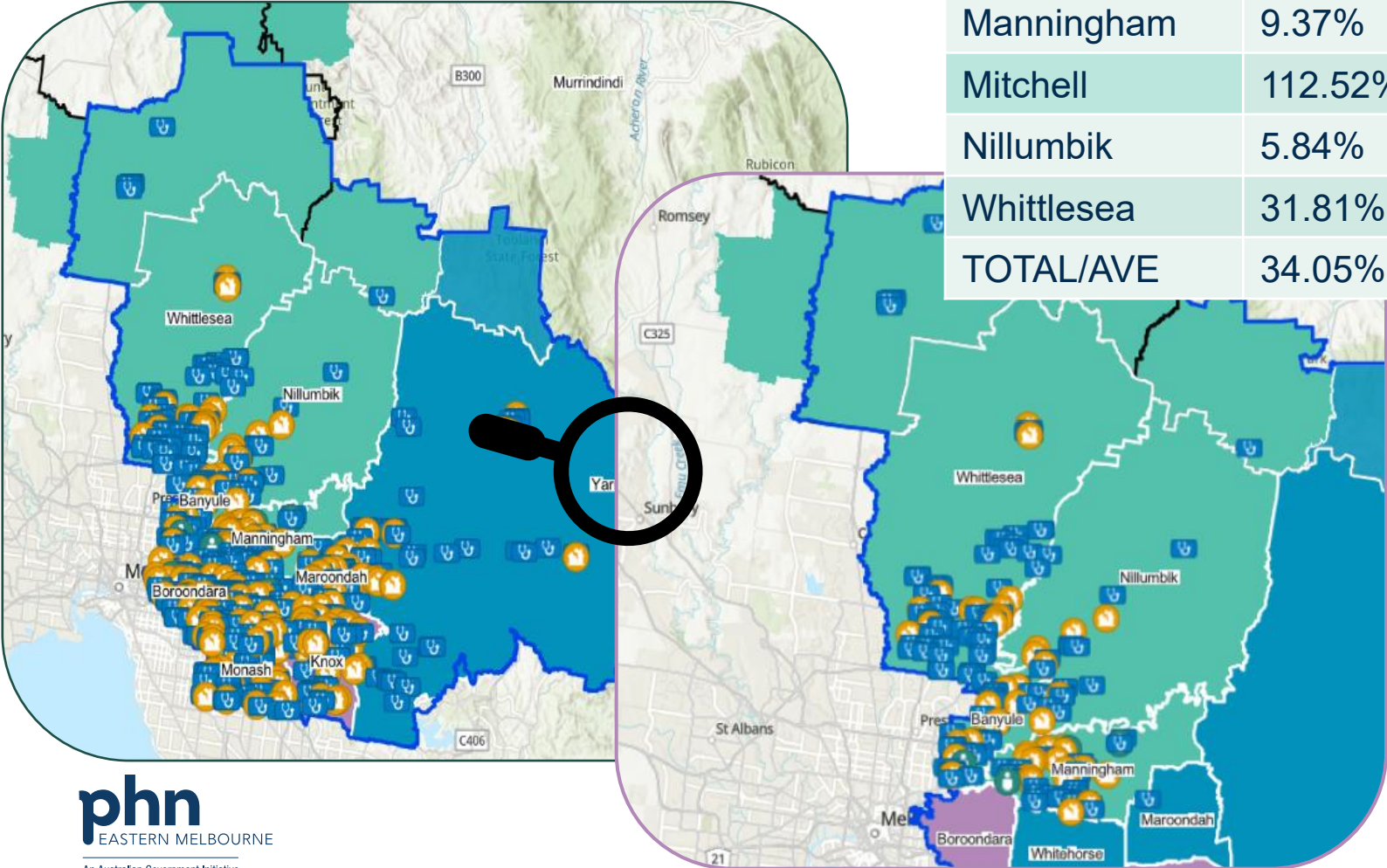
EMPHN's catchment ranges across the east and north-east of Melbourne and includes 12 local government areas - with three of those shared between EMPHN and other PHNs.

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

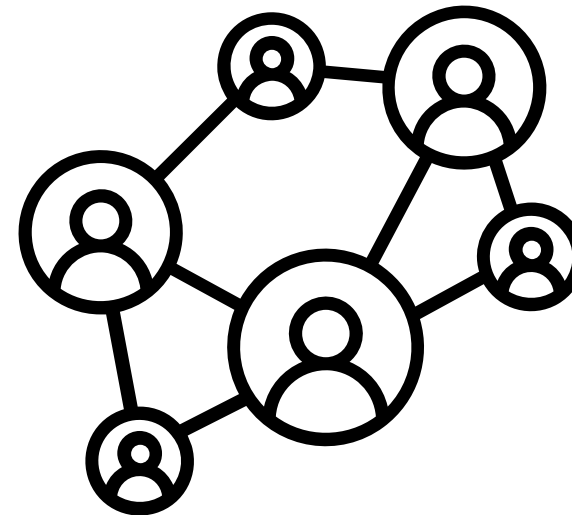
LGA	Projected population increase by 2030 (%)	Older People (65+)	Residential Aged Care Homes	General Practices
Banyule	10.68%	18.8%	16	39
Manningham	9.37%	22.27%	20	40
Mitchell	112.52%	14.97%	0	5
Nillumbik	5.84%	16.58%	4	11
Whittlesea	31.81%	12.87%	14	66
TOTAL/AVE	34.05%	17.10%	54	161



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?

Northern Health

Dr Chris Vagias

Geriatrician, Northern RIR Medical lead

Austin Health

Dr Lannie Ho

Director of Acute and Admitted Community Programs;
Deputy Head of Unit, Geriatric Medicine

Northern Health

Residential In-Reach

Kylie Mutz

Team Leader/Clinical Nurse Consultant



Who we are

Dr Lannie Ho

- Geriatrician, Austin Health
- Director of Acute and Admitted Community programs – lead GEDI Better@Home, Residential in Reach
- Clinical Advisor – Timely Emergency Care (TEC) – Health Systems Reform & Partnerships, Department of Health
- Passionate about patient flow and creating systems that reduce unnecessary patient waits.

Dr Chris Vagias

- Geriatrician, Northern Health
- Medical Lead – Northern Health Residential InReach
- Private sector work (Residential Aged Care Visits included)
- Passionate about safe and efficient systems designed to accommodate vulnerable consumers at risk of adverse outcomes (older people!)

Our Residential-In-Reach Service At a Glance – Austin Health



Core components	Status
Triage tool	●
Expert presence (e.g Geriatrician, Clinical nurse consultants)	●
Admission diversion options (e.g. @Home services)	●
Proactive rounding	●
Chronic stream management	N

Pilot
 Scaling up
 Established





Operations	Hours
7 days a week including public holidays	0800 - 2030




Outcome	Core objective
Admission diversion	✓
Inpatient LOS reductions	✗

Inclusion	Exclusion
<ul style="list-style-type: none"> Persons living in RACH Referrals from family, carers, RACH staff, GP, VVED, ED, GEDI, inpatient teams 	<ul style="list-style-type: none"> Northern Health catchments Supported accommodation - SRS



What we are proud of
<ul style="list-style-type: none"> Collaboration with community and hospital partners Innovation and learning from Northern Health and other RIR services Quality and safety – RIR Morbidity and Mortality process

Our Residential-In-Reach Service At a Glance – Northern Health

Core components	Status
Triage tool	
Expert presence (i.e. Geriatrician, Clinical nurse consultants, palliative care consultants)	
Admission diversion options (e.g. @Home services for allied health)	
Proactive rounding	
Chronic stream management	Y

 Pilot
  Scaling up
  Established

Operations	Hours
7 days a week including public holidays	0800-1630

Outcome	Core objective
Admission diversion	
Inpatient LOS reductions	

Inclusion	Exclusion
<ul style="list-style-type: none"> Living in RACF (in catchment including Kilmore) Main business: Neuropsychiatric symptoms of dementia & delirium, rapid response/urgent palliative care, clinic diversion, post-hospital follow up Referrals accepted from staff, family/self, GPs, hospital, AV, VVED 	<ul style="list-style-type: none"> Out of area

What we're proud of

- Community partnership and trust with consumers (RACFs and family feedback)
- Ongoing innovation with rapid response times
- Problem solving, flexibility and reliability (our culture!)

What is working well?

- Many of our RACHs know us and refer reliably to us
- We have established teams that are highly capable, interdisciplinary and confident about their understanding of challenges of delivering health care in RACH.
- We have collaborative teams that cross link with palliative care

Main challenges

- Variable engagement of GPs
- ENRMC e.g. BestMed – policy opaque regarding how hospitals should use this as an interface. Cybersecurity safeguards recently have also compounded workflow delays that the platforms sought to resolve.
- Fragmented consultation – many forums addressing RACH challenges without clear integrated strategies
- Variable application of how trauma is managed in the prehospital environment – 77% of trauma presenting to Austin Health ED are low falls in an older person. We normalise this, we tolerate delay and variability in response and management.

Future directions and wish list

- Access to integrated data systems that allow for data driven narratives – how well are we doing? What predictive capabilities do we need to cater for our populations.
- Strengthened relationships incl feedback avenues with GPs, virtual ED, AV, NEPT colleagues – critical pre-hospital ecosystems. Peer to peer learning is how we uplift impact.
- Workforce capability – virtual does not replace ‘boots on the ground’ for regional partners
 - RACH Skills Day – Austin and Northern have largely run these without additional funding
- Funding steams that incentivise activity for ‘less than acute’ conditions whereby GPs and private geriatricians are unable to follow up meaningfully and reliably e.g. post discharge hospital

EMPHN Aged Care / GP Collaborative Sessions Ambulance Victoria

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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

E: 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

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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



Panel Q&A

Break

Back at 10:45

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)



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Provide
Feedback

Contact

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

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