

EMPHN Aged Care Collaborative Sessions

7th May 2026 | South Region - Mulgrave

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

Outside room next to the lift



Emergency Exits

Please await directions from Country Club staff



No smoking or vaping



Wi-Fi

Password Mulgcc1961



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

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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:

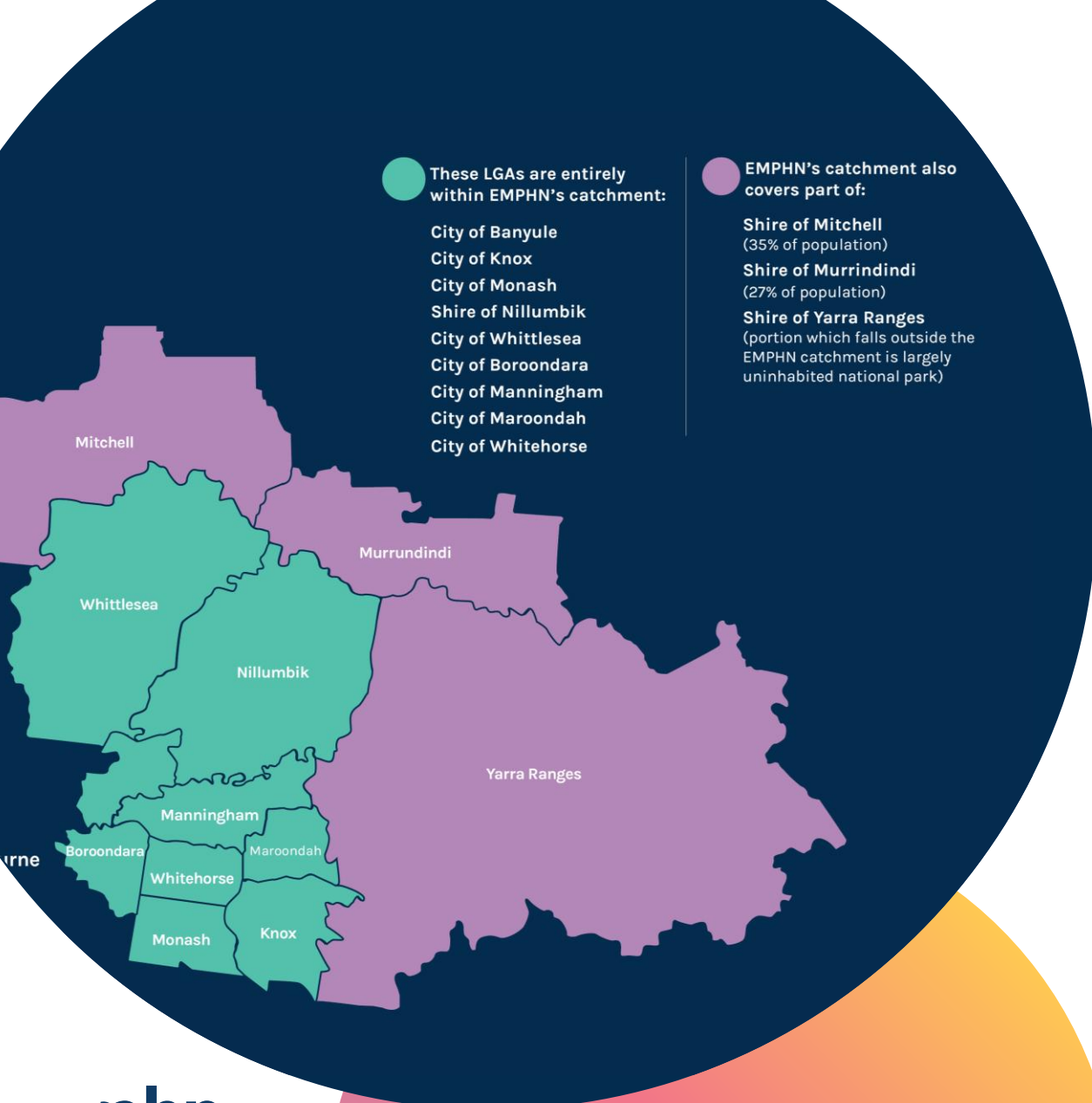
1. Coordination
2. Commission
3. Capacity-build

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

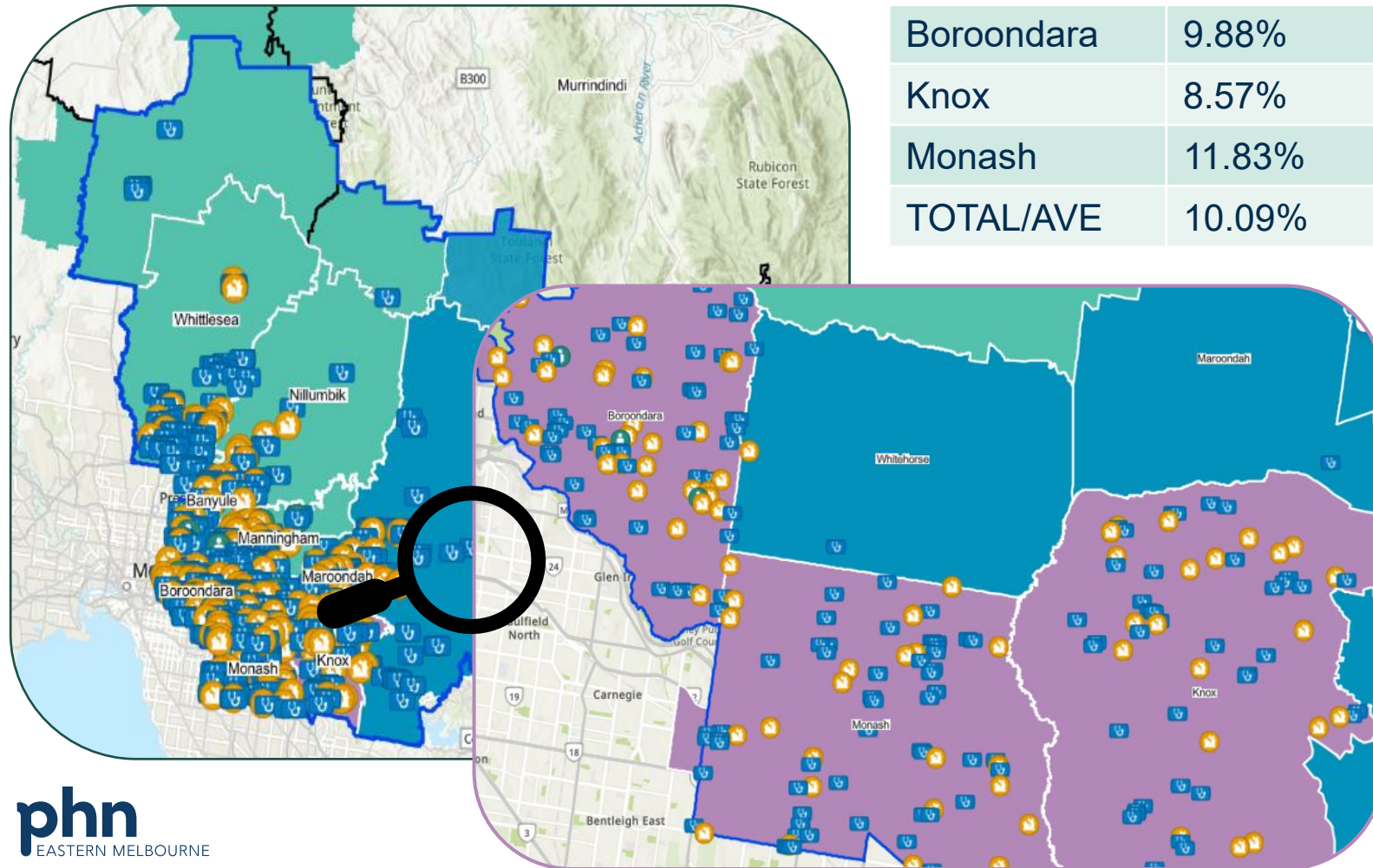


Our community snapshot

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

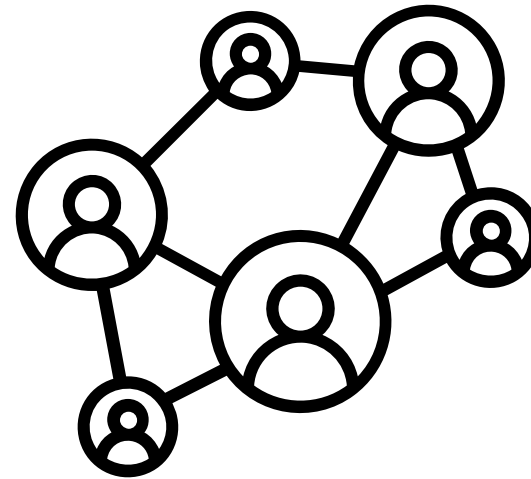


LGA	Projected population increase by 2030 (%)	Older People (65+)	Residential Aged Care Homes	General Practices
Boroondara	9.88%	18.29%	23	55
Knox	8.57%	17.87%	23	44
Monash	11.83%	18.25%	21	58
TOTAL/AVE	10.09%	18.14%	67	157

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 Session Monash Health

Date 7 May 2026 | South Metro Region

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Residential In-Reach Monash Health

Dr Kumutha Palaniappan

Geriatrician

Monash Health

Residential In-Reach

Ann White

Clinical Nurse Consultant

Senior Staff Member

Monash Health

Residential In-Reach

Who we are:

Purpose:

- To deliver the right care at the right place at the right time
- Avoid presentations to the Emergency Department and improve resident outcomes

Structure:

- Consultation service – medical and nursing consultations
- Governance remains with the GP and RACF
- Mobile, rapid response service able to attend within 4-6 hours
- Referrals triaged twice daily by the consultant in charge and triage nurse
- 24-hour support, overnight phone support

Team:

- Grade 3 RNs, Clinical Nurse Consultant and Specialist nurses in wound/stoma care, Nurse Practitioner, Palliative Care Clinical Nurse Consultant
- Advanced trainee registrars (Geriatric Medicine/General Medicine), Geriatricians, Emergency Physician

What's working well

Partnership with VVED

- Additional layer of triage
- Enhances timely care delivery in RACF
- Reduces unnecessary ED transfer when same-day RIR review is not possible
- Offers families and RACF reassurance that residents will still receive a physical review (typically the following day)

Vital link between the hospital and RACF

- Facilitate access to appropriate community-based services (e.g. HITH, RAPID/Community Palliative Care, Aged Person's Mental Health team, wound and stoma care, IDC/SPC management)
- Access to urgent specialist advice to support care in RACF
- Support post discharge follow up on relevant pending issues (helps reduce length of stay and prevent re-admissions)

What are the challenges

Information gathering

- Variable staff familiarity with residents
- Limited information from progress notes
- Time consuming access to charts and notes
- Access to specialist consultation notes

Uptake of recommendations

- Local procedures/policies can delay implementation
- Goals of care discussions -> transferring onto ACD
- Access to medication charts and timely medication supply

If You Could Change One Thing Right Now, What Would It Be?

An integrated IT system where RIR is given real-time access to all vital information

- Enhances accurate and efficient information gathering
- Enables efficient communication, accountability and implementation

Timely structured feedback mechanism between AV, VVED, GPs/RACF and RIR to support continuity and quality of care.

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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Victorian Virtual Emergency Department

Dr Raja Devanathan
VVED GEDI Clinician
7th May 2026

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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

Year	Number of Presentations (Yearly, Monthly, Daily)
2024	Y: 31828 M: 2652 D: 86
2025	Y:42205 M:3517 D:115
2026	Y:11783 M:3927 D: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

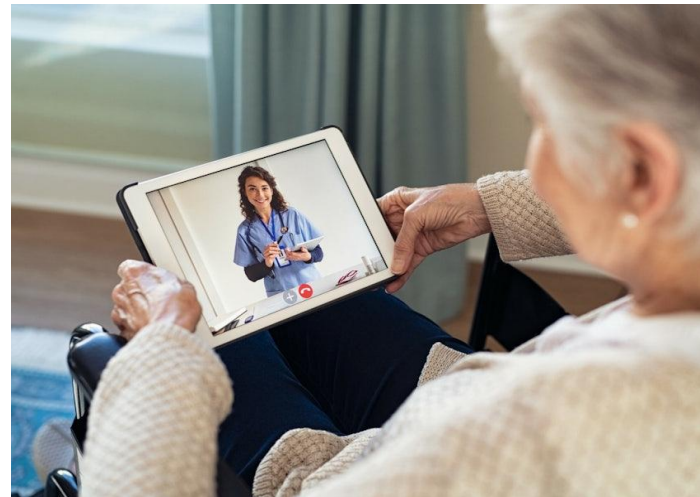
Operational Challenges

- 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

Parvinder Sethi – Clinical Lead
Victorian Virtual ED - GEDI

Parvinder.Sethi@nh.org.au

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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

E: rachsupport@emphn.org.au

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

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