

EMPHN Virtual Aged Care Community of Practice

28 July 2026 | South Region

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EASTERN MELBOURNE

An Australian Government Initiative



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



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.



Kim Poyner

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.



Agenda

Welcome and Acknowledgment	10.00 - 10.05am	EMPHN & Kim Poyner
Case Study BPSD, Restrictive Practices and Specialist Dementia Care Program	10.05 - 10.15am	Simrat Dhillon Manager Lifeview The willows
Facilitated break out room discussion	10.15 - 10.30am	EMPHN and Kim Poyner
Share discussion themes for each room	10.30 - 10.40am	Each room
Q&A	10.40-10.50am	Kim Poyner & Smirat Dhillon
Evaluation, Resources & Close	10.50 - 11.00am	Kim Poyner

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10 Minute Case Study
Simrat Dhillon
Lifecare The Willows

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Behavioural and Psychological symptoms of Dementia and Restrictive Practice

Presented by Simrat Dhillon, RN/Residential Manager

Lifecare The Willows – Residential Care

Understanding the Unmet Need

- Behaviour is often communication of an unmet physical, emotional or environmental need.
- Restrictive practices should be a last resort after assessment of underlying causes.
- A common pitfall is treating the behaviour rather than understanding what is driving it.

The Case

Resident A

- 71-year-old male resident living with dementia, epilepsy, chronic pain and cognitive impairment.
- Wandering, entering other residents' rooms, care refusal and occasional aggression created safety concerns.
- The case challenged our team to balance dignity, autonomy and risk reduction

Specialist Approach and Outcome

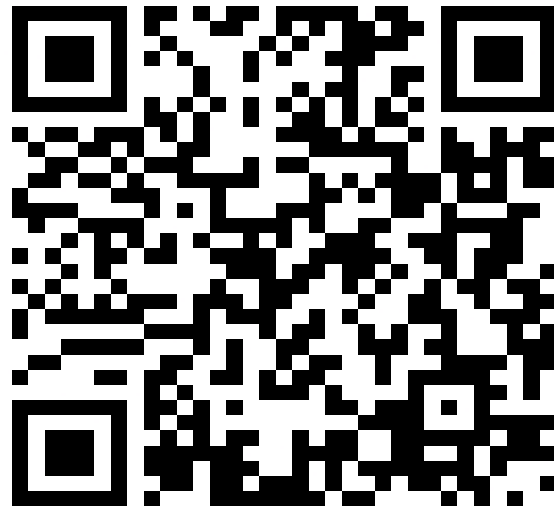
- Assessment identified pain, embarrassment, confusion and relationship misidentification as major triggers.
- Team implemented pain management, private care approaches, meaningful engagement and consistent communication.
- Distress reduced and staff understanding shifted from managing behaviour to meeting unmet needs.

Key Takeaways & Question for the Room

- Before responding to behaviour, ask "What unmet need could be driving this?"
- Pain, embarrassment and loss of autonomy are common but often overlooked behaviour triggers.
- How can we balance resident autonomy and quality of life with safety when managing BPSD?

Breakout Room Feedback

Feedback



What's next

27 October Case study
Palliative Care / End of life Care
and difficult conversations
Guest Presenter: TBC

Resources

Visit the EMPHN Resource Hub, your central destination for staying informed and connected. You will find key insights from the session and can access post event materials including resources and presentation slides.



Contact

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