EMPHN Virtual Aged Care Community of Practice

27 October 2026 | South Region



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Australian Government
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.



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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.

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Agenda

Welcome and Acknowledgment	8.00 - 8.05am	EMPHN & Kim Poyner
Case Study Palliative Care / End of Life Care and difficult conversations	8.05 - 8.15am	**Esther Wen** Clinical Nurse Consultant PallCare | RIR Monash Health
Facilitated break out room discussion	8.15 - 8.30am	EMPHN and Kim Poyner
Share discussion themes for each room	8.30 - 8.40am	All
Q&A	8.40-8.50am	Kim Poyner & Esther Wen
Evaluation, Resources & Close	8.50 – 9.00am	EMPHN

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10 Minute Case Study

Esther Wen
RIR Monash Health

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PALLIATIVE CARE / END-OF-LIFE CARE

Difficult conversations in Palliative Care

Esther Wen | Clinical Nurse Consultant – Palliative Care
Residential InReach, Monash Health

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What happened — and why this was urgent

Case Study

- 88-year-old man admitted to RACF for respite
- Terminal Colorectal Ca and pathological spinal cord compression
- Attended oncology outpatient clinic by wheelchair
- Oncology contacted RAPID Palliative Care for urgent RACF review
- Discharged from oncology & Returned to RACF on the same day

Communication risk

- Resident does not speak English
- Wife unaware of / struggling to accept terminal diagnosis
- Daughter aware; nominated main contact but not on site
- Daughter reluctant to sign ACP paperwork and may request hospital transfer
- No agreed escalation plan documented

Clinical priority:
Assess spinal cord compression symptoms and review treatment plan;
Clarify what the resident understands, wants to know and can decide.

Three perspectives, one person-centred conversation

RESIDENT

Unknown illness understanding

Language barrier ≠ lack of capacity

Actions:
Ask preferred language, information preferences and care priorities.

WIFE

Unknown level of disclosure and understanding.

Actions:
Acknowledge shock, uncertainty or protective communication preferences

Avoid labelling response as “denial”

DAUGHTER

Aware of terminal prognosis

Off-site nominated contact

Reluctant to sign ACP / concerned about hospital avoidance.

Do not assume ethnicity determines disclosure preferences.
Ask each person;
Use a qualified interpreter for key decisions.

A practical framework: ask, tell, ask — then plan

START WITH THE PATIENT

1 Interpreter + capacity for this decision
2 “What have doctors told you?”
3 “How much would you like to know?”
4 Ask permission to discuss with family
5 Explore hopes, worries and priorities

MEET WITH FAMILY + GP

1 Hear each person’s understanding
2 State the situation plainly, in small steps
3 Acknowledge emotion; do not argue
4 Explain benefits / burdens of hospital transfer
5 Agree next steps and check understanding

Suggested phrase:
“I can see how much you want to protect him. Can we first ask what matters most to him, then discuss what care will help?”

STEP 4 · CLARIFY RESPONSIBILITY

No signed ACP: what can the RACF and GP do?

MEDICAL / LEGAL CLARITY

• Assess decision-specific capacity with interpreter
• Check existing ACD, appointed MTDM and prior wishes
• “NOK / main contact” is not automatically the legal MTDM

• If lacking capacity: identify MTDM under Victorian hierarchy.

• ACP signature is not a prerequisite for discussing current treatment / goals

RACF + GP ACTIONS

• Request prompt GP-led family meeting (daughter by phone/video)
• Obtain oncology discharge plan and treatment decisions
• Document goals, decisions, disagreements and escalation contacts
• Create interim symptom and hospital-transfer decision pathway
• Seek RIR/RAPID specialist advice; escalate unresolved conflict

Key point:
Do not document “not for hospital” solely because an ACP form remains unsigned — or assume hospital transfer is obligatory

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TAKEAWAYS · BREAKOUT DISCUSSION

1 Start with the resident's voice, supported by a professional interpreter.

2 Different understandings are a reason for a meeting, not a reason to rush a signature.

3 Families may ask for hospital when they are afraid. Start with concern and reassurance before discussing treatment limits.

4 A good RACF end-of-life plan includes medications, non-pharmacological care and a clear escalation pathway.

VICTORIAN LEGAL POINT

- **Palliative care and pain relief** are primarily guided by clinical judgement to support comfort and dignity.
- **Section 57** of the Medical Treatment Planning and Decisions Act 2016 means the usual medical-treatment decision-making process does not apply to palliative care.
- **A medical treatment decision maker** cannot make the palliative-care decision, but can advocate for the person's preferences and values.

Source: Office of the Public Advocate (Victoria), 2024.

"Mum wants an ambulance if she deteriorates. I cannot sign the ACP."

How could the RACF nurse open this conversation with GP support?

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References and practice resources

1. Ariadne Labs (2023). Serious Illness Conversation Guide.

https://www.ariadnelabs.org/resources/downloads/serious-illness-conversation-guide/

2. ACSQHC (2023). National Consensus Statement: Essential elements for safe and high-quality end-of-life care.

https://www.safetyandquality.gov.au/resources/national-consensus-statement-essential-elements-safe-and-high-quality-end-life-care

3. Victorian Department of Health. Medical Treatment Planning and Decisions Act 2016 — clinical guidance.

https://www.health.vic.gov.au/advance-care-planning/medical-treatment-planning-and-decisions-act-2016

4. Victorian Department of Health (2026). Planning when a person does not have decision-making capacity.

https://www.health.vic.gov.au/advance-care-planning/when-a-person-does-not-have-decision-making-capacity

5. NICE (2023). Spinal metastases and metastatic spinal cord compression. NG234.

https://www.nice.org.uk/guidance/ng234/chapter/recommendations

6. Office of the Public Advocate (Victoria) (2024). Palliative care when the person does not have decision-making capacity.

https://www.publicadvocate.vic.gov.au/resource/77-palliative-care-when-the-person-does-not-have-decision-making-capacity/file

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Breakout Room Feedback

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What's next

February 2027 Case study

RN Triage and the deteriorating patient

Guest Presenter: TBC

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Feedback



Resources

EMPHN Event Resource Hub

Aged Care GP Matching

Aged Care Resource Navigator

HealthPathways Melbourne

Healthy Aging Mental Health Services

EMPHN RACH webpage

Residential InReach Teams
Monash Health 1300 4 4673224 Daily 8.30am – 8.00pm
St Vincents 1800 891 300 Daily 8.30am – 5.00pm

Resources

Resource	Best for
ELDAC	Building organisational capability
PEPA Aged Care	Onsite education
palliAGED	Practical aged care guidance
PACOP	Quality improvement and outcome measurement
CareSearch	Evidence, education and practical information
Advance Care Planning Australia	Advance care planning
Palliative Care Advice Service	Specialist clinical advice
The Advance Project Dementia	Dementia, advance care planning and palliative care
Palliative Care Victoria	Palliative Care resources and guidance

Contact

E: rachsupport@emphn.org.au

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