***Residential Aged Care Facility Telehealth Grants***

**Information guide and application form**

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## Context and purpose of this document

In response to the Royal Commission into Aged Care Quality and Safety, the Australian Government Department of Health and Aged Care has provided primary health networks (PHNs) with funding to support residential aged care facilities (RACFs) to implement and upgrade virtual consultation facilities and technology. This will enable residents to access clinically appropriate primary health care professionals though telehealth.

To support aged care workers to make telehealth part of their everyday work, North Western Melbourne Primary Health Network (NWMPHN) is inviting RACFs to submit applications for a grant valued up to $20,000 (ex. GST).

This grant document includes:

* an overview of the opportunity to participate
* eligibility requirements
* details about the grant process.

## Definition of telehealth

Telehealth provides patients with a consultation through video or telephone instead of face to face. It uses the transmission of images, voice and data between 2 or more sites using telecommunications to provide health services, such as clinical advice, consultation, education, and training services.

There are 3 ways telehealth can be used:  

1. Consultations – connection between a patient and one or more healthcare providers through an audio or video-enabled device.
2. Remote patient monitoring – monitoring patient health and clinical information at a distance.
3. Store-and-forward – transmission of images or information from one healthcare provider to another.

**For this grant**, solutions include portable solutions such as iPads and headsets, telehealth trolleys or carts, and wall mounted solutions. For more information, please refer to Appendix C: *List of recommended telehealth equipment and software*.

## The opportunity

NWMPHN is offering grants to RACFs to make clinically appropriate telehealth part of their everyday work, which will enable increased access to primary care for residents.

NWMPHN invites all RACFs operating within the [NWMPHN region](https://nwmphn.org.au/about/our-community/map/) to apply for grants of up to $20,000 (ex. GST). To participate in this process, RACFs will need to:

* meet the mandatory grant requirements (see section 7)
* complete a telehealth implementation plan (see Appendix A)
* complete a telehealth budget plan (see Appendix B).

**Please note** some preference will be given to RACFs that:

* are small, not-for-profit organisations
* cater for priority populations, including LGBTIQ+, Aboriginal and Torres Strait Islander people, and people who are culturally and linguistically diverse (For more information about priority populations please see the NWMPHN *Health Needs Assessment 2022–25* at [nwmphn.org.au/hna](https://nwmphn.org.au/hna))
* operate in local government areas with the lowest [Socio-Economic Indexes for Areas (SEIFA)](https://www.abs.gov.au/websitedbs/censushome.nsf/home/seifa) scores.

For more information about this, please refer to the assessment criteria in section 8.

## Funding details

Applicants must not assume success or enter commitments based on that assumption before receiving formal notification of the outcome and confirmation from NWMPHN. A limited amount of funding is available. Maximum value is $20,000 (ex GST). Note that funding is not ongoing.

**What the grant can be used for:**

Below is an outline of what is in and out of scope for this grant. Please note that the out-of-scope list is not exhaustive. If you have any questions, contact the NWMPHN digital health projects team at [digitalhealth@nwmphn.org.au](mailto:digitalhealth@nwmphn.org.au). Preference will be given to solutions that conform with the Australian Rural and Remote Medicine (ACRRM) [guidelines](https://www.acrrm.org.au/docs/default-source/all-files/telehealth-framework-and-guidelines.pdf?sfvrsn=ec0eda85_4).

|  |
| --- |
| **IN SCOPE** |
| **Enhancing Wi-Fi connection** |
| * Wi-Fi booster or extender, additional Wi-Fi modems |
| * Internet cabling |
| * Internet dongle – prepaid capable |
| **Telehealth equipment** |
| * Webcam |
| * Laptop |
| * Tablet with SIM/Wi-Fi capability |
| * Large computer monitors |
| * Microphone |
| * Speakers or speaker phone |
| * Telehealth trolley |
| * Add-on smart devices, such as otoscopes and auriscopes, which are compatible for use in a telehealth consultation |
| * Portable telehealth kits that may include some of these items |
| * Telehealth cabinets or wall mounted solutions, that may include some of these items |
| **Enhancing telehealth facilities/consult rooms** |
| * Dedicated telehealth room modifications, such as installing blinds to create privacy, or soundproofing |
| * Uninterruptable power supply |

|  |
| --- |
| **OUT OF SCOPE** |
| * Smart TVs |
| * Desktop computers |
| * Telehealth training (Note: NWMPHN will provide free telehealth training to all successful RACF grant applicants) |
| * Wi-Fi subscription plan/ongoing data plan |
| * Administration costs |
| * Staffing costs to cover training |

## Purchasing of solutions

If successful in the grants process, RACFs are responsible for the purchase and ongoing maintenance of their solutions.

To support the purchasing process, a PHN-endorsed list of telehealth equipment and software products can be found in Appendix C. The products conform with the ACCRM Telehealth Framework and Guidelines.

Participating RACFs are strongly encouraged, but not obliged, to select equipment from this list. If your organisation chooses a different solution, you will be asked to provide evidence from the technology vendor that the products conform with ACRRM guidelines.

## Schedule

Once applications open grants will be awarded on a first-come-first-served basis until the funding is exhausted. Early applications are thus advised.

|  |  |  |  |
| --- | --- | --- | --- |
| Activity | Deliverable | Timeline | Amount |
| Submission of grant application | Grant submission to NWMPHN | This is a rolling application process until funds are exhausted | Nil |
| Evaluation of grant application | Receipt, evaluation and outcome of the grant application by NWMPHN | Within 3 weeks of grant receipt | Nil |
| Invoice submitted by applicant | Invoice raised as per endorsed grant application | Within 3 weeks of grant endorsement | **80%**  of grant amount |
| Grant implementation | RACFs purchase telehealth equipment or commence upgrading telehealth facilities to support residents to access telehealth consultations | Within 1 month of receiving funds | Nil |
| Financial acquittal and  final brief grant report | A final report needs to be submitted by successful applications evidencing that telehealth has been successfully used by the facility | **12 months following telehealth launch** | **20%**  of grant amount |

## Grant mandatory requirements

**To be considered for this grant, the applicant must:**

* be an RACF located in the NWMPHN region
* provide their RAC-ID number
* agree to meet with NWMPHN and join its RACF community of practice
* provide an acquittal detailing how funds were expended at the end of the contracted period
* participate in telehealth training provided by NWMPHN
* agree and provide a final brief grant report, which will include a case study, activity data, and short follow-up surveys at 6 and 12 months
* nominate a key contact for telehealth implementation from within the RACF – someone who works on site and is responsible for championing and implementing the project.

## Assessment criteria

A points-based system with a pass threshold will be used to assess applications. Applications will be processed on a first-come-first-served basis. If they score at or above the pass threshold, they will be issued funds until the allocation has been exhausted.

Assessment is centred on:

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Score** | **Pass Mark** |
| 1. Quality of implementation plan | 42 points | 24/42 |
| 1. Completed telehealth budget plan | 40 points | 40/40 |
| 1. RACF is in a local government area with a SEIFA quintile rating between 1 and 3. | 6 points | Yes = 6 points No = 0 points |
| 1. RACF is a small not-for-profit | 6 points | Yes = 6 points No = 0 points |
| 1. RACF has residents from priority populations | 6 points | Yes = 6 points No = 0 points |
| **Total** | **100** | **64/100** |

## Connection with after-hours programs

NWMPHN has emailed your facility about after-hours education and relevant resources it is developing. RACFs participating in this grant are encouraged to use these resources, so staff can increase their understanding and awareness of available after-hours services, some of which are only accessible via telehealth.

NWMPHN will provide further information about these soon. If you have any queries about this after-hours program **only**, please contact [shinae.tobin-salzman@nwmphn.org.au](mailto:shinae.tobin-salzman@nwmphn.org.au). All queries regarding the telehealth grant must be sent to [digitalhealth@nwmphn.org.au](mailto:digitalhealth@nwmphn.org.au).

## Application

**Applicant details**

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant information | | | |
| Trading name: |  | | |
| Registered name: |  | | |
| Australian Company Number (ACN): |  | Date of issue: |  |
| Australian Business Number (ABN): |  | Date of issue: |  |
| Address of registered office: |  | | |

|  |  |
| --- | --- |
| Grant application for RACF site | |
| Street address | Street: |
| Suburb:  Postcode: |
| RAC – ID Number |  |
| Type of facility (not-for-profit, for-profit, corporate, government) |  |
| Number of facilities owned by your organisation |  |
| Number of residents at participating facility |  |
| Has someone from your IT department reviewed and endorsed this application? Y/N |  |
| Does your chosen solution conform with ACRRM guidelines? |  |
| Do you have residents who belong to priority populations? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| RACF telehealth key contact details | | | |
| Name of contact person: |  | | |
| Position title: |  | | |
| Email: |  | | |
| Telephone number: |  | Mobile: |  |

**Authorisation**

|  |  |  |  |
| --- | --- | --- | --- |
| Grant authorisation | | | |
| *(check the box to accept)* | *By submitting this grant application, the Authorising Person is legally authorised to enter into the Project Agreement on behalf of the organisation and submit the application.* | | |
| Name of authorising person: |  | | |
| Position title: |  | | |
| Email: |  | | |
| Telephone number: |  | Mobile: |  |

**Grant submission details**

|  |  |  |
| --- | --- | --- |
| **Grant mandatory requirements** | | |
| **Mandatory requirement** | **Applicant response** | **Supporting evidence file name (if applicable)** |
| Must be an Australian Government-funded RACF located in the NWMPHN region | Yes  No |  |
| Provide facility’s RAC-ID number | Yes  No |  |
| RACF agrees to meet with NWMPHN and actively join its RACF community of practice | Yes  No |  |
| Provide an acquittal detailing how funds were expended at the end of the contracted period | Yes  No |  |
| Participate in telehealth training provided by NWMPHN | Yes  No |  |
| Agree to provide a final brief grant report which will include a case study, activity data, and complete a short follow up survey at 6 and 12 months | Yes  No |  |
| Nominate a key contact for telehealth implementation – someone who works on site | Yes  No |  |
| Submission of implementation plan | Yes  No |  |
| Submission of budget plan | Yes  No |  |
| Acceptance of Grant Agreement – please refer to appendix D | Yes  No |  |

**Scored evaluation criteria**

|  |  |
| --- | --- |
| **Criterion 1: Implementation Plan** | |
| **Requirement** | Please complete and submit the implementation plan using the format provided below. |
| **Guidance** | Assessment of the plan will be based on the quality of responses provided. Please ensure you complete as much of the plan as you can. |
| **Template** | See Appendix A. |
| **Criterion 2: Budget** | |
| **Requirement** | Please complete and submit the attached budget plan template |
| **Guidance** | Describe the items you wish to purchase detailing cost, GST and total.  Up to $20,000 (ex GST) is available. Assessment of the budget will be based on alignment of purchases with in-scope activities and the implementation plan. |
| **Template** | See Appendix B. |

## 

## Appendix A: Implementation Plan

|  |  |
| --- | --- |
| RACF name: |  |
| Contact details of person submitting application: |  |
| Date submitted: |  |

|  |  |
| --- | --- |
|  | **Information about the solution you have chosen and the scope of the service** |
| A: Please include the name of the product and vendor, and a brief explanation of why you have chosen this product or solution. |  |
| B: Please outline which clinicians you will engage to provide the telehealth service. |  |
| C: Will you provide services during business hours or out of hours? |  |
| D: Will consultations be provided at bedside or in a dedicated space? |  |

|  |  |  |
| --- | --- | --- |
| **The following questions are worth 7 points each. There is a 300-word limit per section.** | | |
| **1.** | **Stakeholder management** | **Engaged and well-informed stakeholders that have a strong understanding of the telehealth service and its intended benefits are vital for success.**  **Please describe the stakeholders you will engage in this project, and how you will do so (for example: key messages, communication tools).** |
| **2.** | **Workforce** | 1. **Please describe how you will work with general practitioners to provide the service. (Consultation hours, scheduling, managing of clinical consultation notes.)** 2. **Please describe how you will implement telehealth. Please consider development of telehealth processes, policies and procedures, roles and responsibilities, training of staff including new recruits (for example: a ‘train the trainer’ approach).** |
| **3.** | **Technology management** | **Please explain how you will ensure that the technology is working and maintained. Please describe how you will manage relationships with the technology vendor. Please also highlight how you will continue to use the technology after June 2024.** |
| **4.** | **Clinical governance** | **How will you ensure that consultations are in accordance with both the Australian College of Rural and Remote Medicine guidelines and your organisation’s existing clinical governance practices and procedures?** |
| **5.** | **Service evaluation** | **How will you collect the required data for the evaluation report to show that this has been successfully used?** |
| **6.** | **Risks** | **Please identify any key risks and barriers to the success of this intervention and which strategies you propose to mitigate them. For example: how will the consultation notes be added to the patient file in the RACF?**  **Example:**   |  |  | | --- | --- | | **Risk** | **Mitigation/solution** | | **GPs will not be able to add consultation notes to the RACF’s clinical information system** | * GPs can send the notes securely via secure message delivery. * GPs can access the RACF’s electronic medical record system remotely and add the notes directly into the RACF system. * GPs can e-fax the notes to the RACF who can add the notes to the resident’s record by either scanning and uploading, retyping, or adding it to a paper record. | |

## 

## Appendix B: Budget submission

**Please outline how you plan to use the grant amount you are requesting.**

* *Connectivity (for example: upgrade to Wi-Fi)*
* *Equipment (telehealth equipment)*
* *Infrastructure – minor works to accommodate service (vendor details not required, cost only)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Solution type (technology/ connectivity/ infrastructure** | **Technology name of item and vendor** | **Cost + GST** | **TOTAL cost** |
|  |  |  | $ - |
|  |  |  | $ - |
|  |  |  | $ - |
|  |  |  | $ - |
|  |  |  | $ - |
|  | *Please add additional rows if required* |  | $ - |

## 

## Appendix C: List of recommended telehealth equipment and software

***Please note some products have an ongoing licence fee.***

|  |  |  |
| --- | --- | --- |
| **Trollies** | | |
| **Company name and contact details** | **Product Name and further information** | **Estimated cost** |
| Hospital Products Australia Pty Ltd  *Kathleen Watson*  [kwatson@hpaust.com](mailto:kwatson@hpaust.com) | GCX Carts  [GCX Carts - Hospital Products Australia (hpaust.com)](https://hpaust.com/products-category/gcx-carts/) | Pricing varies for options - individual quotes will be required |
| VisionFlex  [sales@visionflex.com.au](mailto:sales@visionflex.com.au) | Telehealth Cart to Telehealth Cart Pro with Battery Pack  [Telehealth solution packages: devices, equipment, software (visionflex.com)](https://www.visionflex.com/product/products/telehealth-complete-solutions/) | $10,620 (ex GST) to $23,635 (ex GST), plus monthly licensing fee |
| Arcomed Pty Ltd  *Andre Delgadinho*  [Andre.delgadinho@arcomed.com](mailto:Andre.delgadinho@arcomed.com) | eConnect  Contact digitalhealth@nwmphn.org.au for more information | From $3,226. Pricing varies for options – individual quotes will be required |
| Collabcare  *Charles Greatrex*  *charles.greatrex@collabcare.com.au* | TeleStation  [CollabCare - Delivering Virtual Health Services](https://collabcare.com/) | $4,950 (ex GST) to $6,900 (ex GST) |

|  |  |  |
| --- | --- | --- |
| **Portable kits (backpacks etc.)** | | |
| **Company name and contact details** | **Product name and further information** | **Estimated cost** |
| Hospital Products Australia Pty Ltd  *Kathleen Watson*  [kwatson@hpaust.com](mailto:kwatson@hpaust.com) | Medical Tablets  [Medical Tablets - Hospital Products Australia (hpaust.com)](https://hpaust.com/products-category/rugged-tablets/) | Pricing varies for options - individual quotes will be required |
| VisionFlex  [sales@visionflex.com.au](mailto:sales@visionflex.com.au) | Mobile Backpack  [Telehealth solution packages: devices, equipment, software (visionflex.com)](https://www.visionflex.com/product/products/telehealth-complete-solutions/) | $4,420 (ex GST) to $13,370 (ex GST), plus monthly licensing fee |
| TytoCare Ltd.  *Ariel Linker*  [ariel.linker@tytocare.com](mailto:ariel.linker@tytocare.com) | Smart Clinic  [TytoClinic - TytoCare](https://www.tytocare.com/products/tytoclinic/) | Monthly subscription, the cost is dependent on the number of devices |

|  |  |  |
| --- | --- | --- |
| **Cabinets or wall mounted options** | | |
| **Company name and contact details** | **Product Name and further information** | **Estimated cost** |
| Hospital Products Australia Pty Ltd  *Kathleen Watson*  [kwatson@hpaust.com](mailto:kwatson@hpaust.com) | AIO Computers  [AIO Computers - Hospital Products Australia (hpaust.com)](https://hpaust.com/products-category/medical-computers/) | Pricing varies for options – individual quotes will be required |
| VisionFlex  [sales@visionflex.com.au](mailto:sales@visionflex.com.au) | Telehealth Cabinet  [Telehealth solution packages: devices, equipment, software (visionflex.com)](https://www.visionflex.com/product/products/telehealth-complete-solutions/telehealth-cabinet/) | $22,185 (ex GST), plus monthly licensing fee |
| Cisco Webex Systems Australia  *Andrew Riley*  [andreril@cisco.com](mailto:andreril@cisco.com) | Board Series  [Webex | Cisco Board Series](https://hardware.webex.com/products/board-series) | Pricing varies for options – individual quotes will be required |

|  |  |  |  |
| --- | --- | --- | --- |
| **Software** | | | |
| **Company name and contact details** | **Product Name and further information** | **Estimated cost** | |
| healthdirect | healthdirect  [healthdirect](https://about.healthdirect.gov.au/video-call#:~:text=For%20more%20information%3A,or%20call%201800%20580%20771.) | Free – government-funded service | |
| Coviu  *Silvia Pfeiffer*  [silvia@coviu.com](mailto:silvia@coviu.com) | Coviu  [Elevated Telehealth Software for Healthcare Practitioners | Coviu](https://www.coviu.com/en-au/) | $4 per call or $20 per user per month |
| Health Teams Pty Ltd  *Jonathan Klug*  [jklug@healthteams.com.au](mailto:jklug@healthteams.com.au) | Health Teams  [Health Teams | Redefining the care in Aged Care](https://healthteams.com.au/) | $30 per resident per month, plus $681 per tablet (if required) |

## Appendix D: Terms of Agreement

##### Residential Aged Care Facilities (RACFs) Telehealth Grants: Terms of Agreement

North Western Melbourne Primary Health Network (NWMPHN), operated by Melbourne Primary Care Network (MPCN), is providing funding to support Residential Aged Care Facilities (RACFs) to have appropriate virtual consultation facilities and technology to enable residents to access clinically appropriate telehealth care with primary health care professionals.

##### Purpose

The aims of this program are to:

* Increase residents’ access to primary care clinicians by either offering telehealth consultations or improving the current telehealth model being used.
* Reduce the likelihood of a resident presenting at emergency because a telehealth consultation was available
* Contribute to increased health of residential aged care facility residents.

##### Target Populations

This funding is only for aged care facilities operating in the [North Western Melbourne PHN region](https://nwmphn.org.au/about/our-community/map/), and to improve care for their residents.

Grant Mandatory Requirements:

Funding can be spent on:

* Enhancing Wi-Fi connection
* Telehealth equipment
* Enhancing telehealth facilities / consult rooms

The following is not in scope:

* Smart TVs
* Desktop computers
* Telehealth training (this will be provided by NWMPHN)
* Wi-Fi subscription plan/ ongoing data plan
* Administration costs
* Staffing costs to cover training

**To be considered for this grant the following are required to be in place and must be undertaken as part of the program:**

* The RACF must be a residential aged care facility located in the NWMPHN region.
* Provide facility’s RAC-ID number
* RACF agrees to meet with NWMPHN and actively join the RACF Community of Practice which is to be established by NWMPHN.
* Provide an acquittal detailing how funds were expended at the end of the contracted period
* Participate in telehealth training provided by NWMPHN (date to be confirmed)
* Agree and provide a final brief grant report which will include a case study, activity data, and short follow up resident and aged care workforce surveys at 6 and 12 months.
* Nominate a key contact for telehealth implementation from within the RACF. This person must be someone who works on site at the RACF and is responsible for the championing and implementation of the project.

##### What activities are required to be undertaken by the RACF?

In addition to meeting the above mandatory requirements, RACFs are required to:

1. Purchase telehealth equipment that conforms with the Australian College of Rural and Remote Medicine’s (ACRRM) telehealth [guidelines](https://www.acrrm.org.au/docs/default-source/all-files/telehealth-framework-and-guidelines.pdf?sfvrsn=ec0eda85_4)
2. Submit an implementation plan during the application process and undertake activities specified in the plan
3. Complete a telehealth budget plan

##### NWMPHN responsibilities

1. NWMPHN will fund up to $20,000 (excl. GST) per RACF for this activity
2. NWMPHN will provide telehealth and change management training resources to assist the RACF to undertake the activity
3. Data collections from RACFs will be provided to the Australian Government in accordance with NWMPHN’s funding responsibilities.

##### Payments

Up to $20,000 (ex. GST) is available per RACF for this activity split into two payments:

80% per cent payable at the start of activity on receipt of a valid tax invoice.

20% will be provided at the end of the activity with submission of the final report (including case study, activity data and short follow up surveys at month 6 and month 12) and on receipt of a valid tax invoice.

1. Invoices must be clearly marked as invoice 1 (initial payment) and invoice 2 (final payment) and include the company’s ABN, registered name, and bank account details that matches the information submitted in the registration.
2. NWMPHN reserves the right to decrease the final payment if the required information is not submitted or if the data indicates that all the activities have not been undertaken as outlined without evidence of reasonable effort from the RACF.
3. NWMPHN will make payment with 30 days of receiving a correctly rendered tax invoice.

##### Registration and Agreement to terms

**Privacy Statement**

Melbourne Primary Care Network (MPCN) trading as North Western Melbourne Primary Health Network (NWMPHN) is committed to protecting the privacy of every individual in accordance with legal and statutory requirements. NWMPHN comply with applicable federal and state legislation and data governance regulations with respect to how to manage, secure and protect sensitive and other data and ensure patient privacy, in addition to a number of standards, guidelines and frameworks which have been issued by various government agencies and primary healthcare bodies.

|  |  |  |
| --- | --- | --- |
| **(Tick here)** | **Yes, our practice can accommodate this activity within a 12-month time frame** | |
| Practice Key Contact(s): Name/Role | 1. | 2. |
| ABN |  | |
| Registered company name (if applicable) |  | |
| Registered trading name |  | |
| Registered practice address |  | |
| Registered practice phone number |  | |
| Key Contact for this activity grant | Name | |
|  | Position | |
|  | Email | |
|  | Phone Number | |

**Account Details** *\* Please note that the account details on the Tax Invoices submitted for this activity must match the information entered below.*

|  |  |
| --- | --- |
| Account name |  |
| BSB |  |
| Account number |  |

**DECLARATION**

***I declare that:***

The information provided in this registration form is complete, true and correct and that I am authorised by my RACF to provide it.

I understand and meet the mandatory criteria for the participation in the Residential Aged Care Telehealth grant.

I agree to adhere to the eligibility terms (mandatory criteria and activities to be undertaken) within this registration form, which will function as terms of this service agreement.

I consent to North Western Melbourne Primary Health Network’s collection, use and disclosure of my personal information for the purposes set out in the privacy notice.

|  |  |  |
| --- | --- | --- |
| Full Name and Position Title | | |
| Signature |  | Date |

**NWMPHN Contacts**

**PRIMARY CONTACT**

**Dhwani Patel, Program Officer**   
**Phone:** (03) 9347 1188  
**Email:** [dhwani.patel@nwmphn.org.au](mailto:dhwani.patel@nwmphn.org.au)

**SECONDARY CONTACT  
Mariska Barnett, Manager – Digital Health Projects   
Phone:** (03) 9347 1188  
**Email:** [mariska.barnett@nwmphn.org.au](mailto:mariska.barnett@nwmphn.org.au)

We acknowledge the peoples of the Kulin nation as the Traditional Custodians of the land on which our work in the community takes place. We pay our respects to their Elders past and present.

