

#### Disclaimer

This document was funded by the Australian Government but has not been reviewed by them. The government cannot be held responsible for any injuries, losses, or damages resulting from the use or reliance on the information provided in this document.

#### More information and feedback

We welcome questions and feedback about this toolkit. Please contact Eastern Melbourne Primary Health Network at RACFsupport@emphn.org.au

#### **Background**

The Australian Government has provided funding to Primary Health Networks (PHNs) to address the findings of the Royal Commission into Aged Care Safety and Quality. The Commission highlighted challenges faced by elderly Australians in accessing after-hours medical services and the impact of inappropriate hospital transfers on their health outcomes and the healthcare system. Improving after-hours medical support and reducing unnecessary hospital transfers has become a priority for PHNs.

After-hours support is crucial in residential aged care homes (RACHs) in Victoria. After-hours plans are designed to manage residents' healthcare outside of regular business hours and increase awareness of available support in primary healthcare, including general practice and pharmacies. These plans aim to prevent unnecessary hospital transfers.

The Department of Health and Aged Care has entrusted Eastern Melbourne Primary Health Network (EMPHN) with the task of creating a resource to support and improve after-hours medical support in RACHs. EMPHN conducted surveys in RACHs across Eastern Melbourne from June to October 2022 to understand how facilities currently manage residents' deteriorating health during after-hours periods. The insights and information provided by RACHs helped develop a toolkit with resources to assist RACHs in their after-hours support planning.

EMPHN operates within 12 Local Government areas. For more information, please visit our website, <a href="https://www.emphn.org.au">www.emphn.org.au</a> for more details.

#### **Acknowledgement**

EMPHN would like to acknowledge Primary Health Tasmania in the development of this work, as well as the Aged Care Programs Team at EMPHN in consultation with our aged care stakeholders in the EMPHN region.



## Toolkit purpose

- To assist facilities in identifying, documenting, and centralising the plans that the Residential Aged Care Homes (RACH) has in place for the after-hours period, both for the facility as a whole and for each individual resident. This ensures that residents have access to care in the after-hours.
- To consider components of an after-hours support plan including clinical governance, workforce, systems, and processes, maintaining needs, and accessing services, and infrastructure.
- To explore the after-hours support services that are currently available in your area or region.
- To demonstrate how after-hours support interventions align with the aged care quality standards (ACQS) (see figure 1).

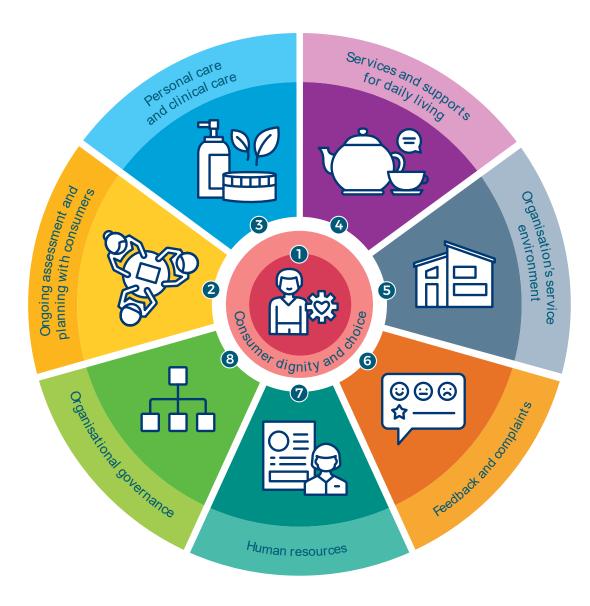


Figure 1. Aged Care Quality Standards Wheel, Aged Care Quality and Safety Commission, Australian Government<sup>1</sup> https://bit.ly/3GkxLYT

## What is included in the toolkit?

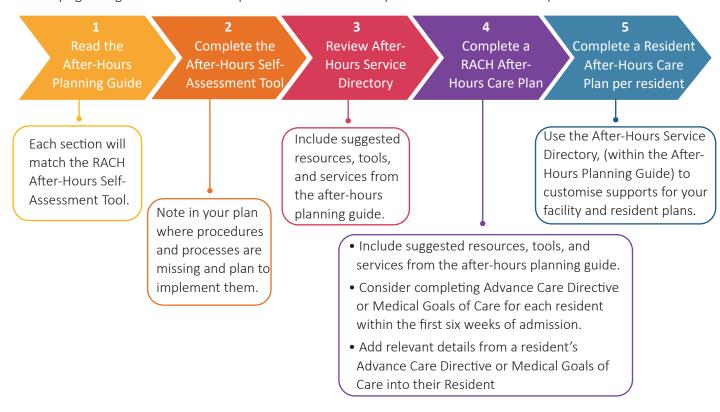
The Planning Guide and self-assessment tool workbooks outline essential components for the after-hours plans of Residential Aged Care Homes (RACHs), as recommended by the Department of Health and Aged Care. It is important to note that while these standards serve as a guide, RACHs have flexibility in aligning with them.

The toolkit offers additional resources and templates to support RACHs in their after-hours care. Regular review and updates of the plans and templates are crucial to ensure alignment with facility policies, procedures, available services, and any changes in care.

Please note that the document does not provide specific instructions for individual RACHs' after-hours medical support plans. Instead, it presents various state and regional resources that can assist RACHs in delivering quality care during the after-hours period.

## How to use this After-Hours Planning Guide

EMPHN recognises that each facility's after-hours needs are unique. This toolkit is meant to help you collaborate in identifying strengths and areas for improvement in both facility and individual after-hours plans.



Provide feedback on the toolkit to EMPHN via <a href="mailto:racfsupport@emphn.org.au">racfsupport@emphn.org.au</a> or via <a href="mailto:EMPHN After-hours toolkit onlinesurvey">EMPHN After-hours toolkit onlinesurvey</a>

\*Consider that the facility after-hours period may differ from the after-hours period for a pharmacy or general practice

## What needs to be in your after-hours plan?

## Clinical Governance Aged Care standards 1, 2, 6 and 8

Clinical governance in health service organisations, including residential aged care homes (RACHs), involves establishing relationships and responsibilities among stakeholders to ensure positive clinical outcomes. It encompasses more than resident care preference documents and extends to governing staff actions and organisational practices.

#### What are key components of Clinical Governance?

#### For the facility, the following elements should be in place:

- A clear process for escalating a resident's care during the after-hours period.
- Established plans, processes, and structures to determine how care is delivered, considering residents' cultural and spiritual needs and preferences.
- A system for monitoring and mitigating risks associated with after-hours care.
- Well-documented practices stored in easily accessible locations.
- An efficient process for reporting incidents occurring after-hours.
- Effective communication of after-hours procedures to staff, including guidance on escalating resident care needs.
- Documented principles that prioritize person-centered care for residents during the after-hours period.
- A comprehensive list of key individuals and relevant documents to consult for resident care needs in the after-hours, such as family members, the RACH manager, and Advanced Care Plan.
- Adequate documentation of facility and individual resident plans, readily available for reference.
- Regular updates to facility and individual resident plans to ensure their continued relevance and effectiveness.

#### For individual residents, the following elements should be in place:

- Each resident should have a documented after-hours care plan that includes their preferences for primary and secondary contacts and providers who can meet their cultural and spiritual needs. This plan should be easily accessible.
- Clear principles should be established to involve residents in their after-hours care plan, ensuring their preferences and input are considered.

### What could this look like in practice?

- ✓ Compliance with sector safety and quality standards to ensure safe and high-quality care.
- ✓ Adherence to disciplinary codes of conduct and ethics guidelines, such as AHPRA guidelines and nursing board codes of ethics.
- ✓ Implementation of internal processes for addressing residents' after-hours care needs when they become
- ✓ Orientation of staff to the organization's mission, vision, code of conduct, and employee agreements.
- ✓ By incorporating these elements, individual residents can receive personalized and culturally sensitive afterhours care that aligns with their preferences and needs.

#### **Suggested resources**

Advance care planning forms (www.health.vic.gov.au/patient-care/advance-care-planning-forms) involve the process of planning for future healthcare, specifically outlining the medical treatment an individual desires or wishes to avoid in the event of serious illness or injury when they are unable to communicate their preferences. This planning often pertains to end-of-life care.

Advance Care Directive (link as above) An Advance Care Directive is a document that allows individuals to plan and specify their future healthcare preferences and appoint a substitute decision maker if needed.

Medical Goals of Care Plans (www.health.vic.gov.au/patient-care/goals-of-care) ensure appropriate care for patients who are unlikely to benefit from curative treatment and avoid futile interventions such as cardiopulmonary resuscitation and Medical Emergency Team (MET) calls. The Victorian Department of Health three-phase model of Goals of Care can be found here.

Professional codes, standards, and guidelines (https://bit.ly/32iErQ5) Nurses and midwives practicing in Australia must be registered with the Nursing and Midwifery Board of Australia (NMBA) and meet the board's professional standards.

The Aged Care Quality Standards (www.agedcarequality.gov.au/providers/standards) The Aged Care Quality and Safety Commission expects aged care organisations in Australia to meet minimum standards for safety and quality as outlined in these standards.

Help us keep residents safe and well- fact sheet for family and carers. This fact sheet was developed to help educate residents and their support networks on the varying ways care can be delivered when residents become unwell. This resource was developed by the Victorian Tasmanian Primary Health Alliance, and endorsed by VVED, Ambulance Victoria and primary care stakeholders.

### **Workforce** Aged Care standard 7

When planning after-hours care, consider the healthcare workforce involved, including professionals with different levels of training. This includes both internal facility staff and external providers in the community. Collaborating with external healthcare professionals can enhance resident support and improve outcomes.

#### What are key components of Workforce?

#### Documented roles and responsibilities for after-hours resident care, including:

- Clearly documented roles and responsibilities, including:
- Designated staff responsible for conducting comprehensive physical assessments of residents.
- Clearly outlined responsibilities for non-clinical staff.
- A process for training nominated staff in assessment and communication tools like Emergency Decision Guidelines, ISOBAR handover tool, and comprehensive physical assessment.
- Documented preferences of General Practitioners (GPs) for individual resident care during after-hours.
- A list of local services that provide after-hours care, including providers catering to residents' cultural and spiritual needs.

#### For individual residents, the following elements should be in place:

- Documented General Practitioner (GP) assigned to each resident, along with a preferred emergency contact for after-hours care if the GP is unavailable.
- Documented providers assigned to each resident to address their cultural and spiritual needs.
- An effective procedure for communicating resident care outcomes during after-hours to the GP and other relevant individuals.

#### What could this look like in practice?

- ✓ Identifying and documenting after-hours doctors' contact details, easily accessible to staff.
- ✓ Including after-hours support processes in new staff orientation programs to familiarize them with procedures and available resources.
- ✓ Providing training and support to enhance staff competency in managing resident deterioration and appropriate actions to take.
- ✓ Ensuring staff are aware of their scope of practice during after-hours situations.
- ✓ Conducting regular refresher training sessions to reinforce after-hours care knowledge and skills.
- ✓ Creating easily accessible resources to contact appropriate support when a resident becomes unwell after-hours.
- ✓ Collaborating with GPs and exploring alternatives to emergency departments for timely resident care.

#### Suggested resources

Bridge online learning (www.alturalearning.com/content-delivery/bridge-lms/) offers online training for the aged care workforce and offers CPD (Continuing Professional Development) accredited training.

Advance Care Planning Australia (learning.advancecareplanning.org.au/) offers support to health care practitioners, care workers, students, individuals, and substitute decision makers to learn about advance care

Aged Care and Community Provider Association (ACCPA) (www.agedservicesworkforce.com.au/) (ACCPA) has a range of learning and professional development options for those working in aged care services.

Palliative Aged Care Outcome Program (PACOP) (www.uow.edu.au/ahsri/pacop/) has developed a range of resources for clinicians, residents of RACHs and their families to systematically improve palliative and end of life care.

End of life Directions for Aged Care (ELDAC) (www.eldac.com.au/) provides information, guidance, and resources to health professionals and aged care workers to support palliative care and advance care planning to improve the care of older Australians.

Comprehensive Health Assessment of the Older Person (CHAOP) (bit.ly/3LwTC06) workshops are offered by Latrobe University for nurses from all sectors, who provide care for older people.

Clinical Care Standards (www.safetyandquality.gov.au/standards/clinical-care-standards) Clinical Care Standards are guidelines that outline best practices for common conditions and the expected level of care. They help individuals make informed decisions about treatment and enable healthcare professionals to provide quality care and have meaningful discussions with patients. These standards serve as a framework for healthcare services to guide their practices and monitor improvement. \* Please be aware that these are not always contextualised for aged care settings

Education and Training Video Resources for improved Palliative care in Aged Care (Palliative Care Consortium) (bit.ly/3LA5bU4) help build knowledge and capacity among aged care staff to better identify deteriorating residents, manage symptoms, improve dementia care, and set up medication Imprest systems.

#### Suggested resources continued

#### Relief agencies \*please check service coverage areas as these may vary\*

- Mediserve Nursing Agency <u>www.mediserve.com.au</u>
- Chris Barnard Nursing agency Melbourne <a href="mailto:chrisbarnardhealth.com">chrisbarnardhealth.com</a>
- Alpha Nursing <u>www.alphanursing.com.au</u>
- Aktrapid Nursing <u>aktrapid.com.au</u>
- Swing shift nursing <a href="mailto:swingshift.com.au">swingshift.com.au</a>
- Scrubs Agency <u>scrubsagency.com.au</u>
- Care Relief carerelief.com.au

#### Medical deputising services \*please check service coverage areas as these may vary\*

- 13SICK: homedoctor.com.au/aged-care-facilities-info
- Healthdirect book a GP within the hour, and Nurse on call 1800 022 222 <u>about.healthdirect.gov.au/healthdirect</u>
- 24-7 Medcare: call 139 247 or <a href="https://booking.24-7medcare.com.au/24-7-medcare/">https://booking.24-7medcare.com.au/24-7-medcare/</a>
- South Eastern Deputising Service: <a href="mailto:sedsgroup.com.au">sedsgroup.com.au</a>
- DoctorDoctor: doctordoctor.com.au
- Private Medical: www.privatemedical.net
- Instant Consult: www.instantconsult.com.au

## Specialist palliative care services (metropolitan Melbourne)

- Eastern Palliative Care Service: <a href="www.epc.asn.au">www.epc.asn.au</a> Specialist Palliative care service offering wholistic and multi-disciplinary care Existing clients can contact EPC 24 hours a day.
- Banksia Palliative Care Service <u>banksiapalliative.com.au</u> Specialist Palliative care service offering wholistic and multi-disciplinary care Existing clients can contact Banksia 24 hours a day.

Please consider other Palliative services outside of the metropolitan regions that residents may be transferring or referred from.



## **Systems and processes** Aged Care standards 3 and 4

Sets of principles and procedures that provide guidelines for how to meet the health and social needs of residents. Systems and processes include things like handover tools; checklists; instructions; clinical tools to monitor condition changes; and workflows to follow when residents require extra care and support.

#### What are key components of systems and processes?

#### For the facility, the following elements should be in place:

- Process for recognising and responding to resident deterioration.
- Use of tools for assessing residents care needs in the after- hours?
- · Process for evaluating effectiveness of after-hours planning, including addressing residents cultural and spiritual needs and preferences.

#### For individual residents, the following elements should be in place:

- Process for evaluating effectiveness of delivering after-hours care plans per resident, including how this aligns with their cultural and spiritual identity.
- Process for regularly updating resident's after-hours care plan.

#### What could this look like in practice?

- ✓ Implementing appropriate record management systems to capture and share relevant information with the regular GP and/or hospital. This includes documenting instances of after-hours services, assessments, and advice given to ensure continuity of care.
- ✓ Establishing a simple workflow, such as the ISOBAR (Introduction, Situation, Observation, Background, Assessment, Recommendation) handover tool, to ensure consistent administration of care provisions and effective communication among staff.
- ✓ Ensuring easily accessible contact details for triage services and GPs, allowing for quick and efficient. communication when needed.
- ✓ Developing planned approaches for transferring residents to the hospital if needed. This involves establishing clear processes for communications, information transfer, and coordination between the facility and the hospital to ensure a smooth transition and continuity of care.
- ✓ Implementing a Plan-Do-Study-Act (PDSA) cycle to continually evaluate and improve the after-hours process. This involves regularly reviewing the effectiveness of the implemented strategies, identifying areas for improvement, and making necessary adjustments to enhance the quality and efficiency of after-hours care.
- ✓ Using a handover checklist tool to determine resident baseline when determining need to escalate to senior clinician or doctor.

#### Clinical guidelines and suggested resources

McGeer's definitions (<u>bit.ly/3AR9UvA</u>) for healthcare Associated Infections for Surveillance in Long term Care Facilities. A checklist that provides standardised guidance for infection surveillance activities and research studies in RACHs and similar institutions.

Pain assessment scales (bit.ly/3LUmUHa) can be used to measure pain, and a range of resources are available on the Department of Health and Aged Care website.

ISOBAR (bit.ly/421J2VH) is a checklist that improves communication and patient safety. It includes five components: Identify, Situation, Observations, Background, and Agreed plan. This checklist enhances clinician involvement and reduces duplication in other handover forms.

**Standardised care processes (bit.ly/3HE6fFc)** For practical application and treatment guides of the clinical standards for common conditions that present in Aged Care settings.

Recognising and responding to deterioration (bit.ly/3LWRr7y) A tool to direct facilities in upskilling in recognition of early deterioration.

#### Handover tools

My Health Record (MHR) is a secure digital platform for storing and sharing health information. It ensures information is accessible in emergencies and helps facilitate handovers between medical services and aged care facilities. See more information here: <a href="www.digitalhealth.gov.au/healthcare-providers">www.digitalhealth.gov.au/healthcare-providers</a>

Medical Support Checklist Designed to prompt collection of effective information prior to calling Residential in Reach teams, locums, or after-hours services for non-life-threatening health deterioration. This could be considered best practice to collect this information to have ready for the clinician's assessment. Developed by VTPHNA (Victorian Primary Health Networks Alliance) in collaboration with Victorian hospital networks and Ambulance Victoria. <a href="https://www.emphn.org.au/images/uploads/files/Medical-Support-Checklist.pdf">www.emphn.org.au/images/uploads/files/Medical-Support-Checklist.pdf</a>

Yellow Envelope is a tool used in aged care facilities to capture important patient handover information. It helps keep health records organized and secure in one place. The envelope includes service provider details, handover summaries, and relevant documents. It facilitates effective clinical handover and can be used alongside digital tools like My Health Record. Training in the use of the Yellow Envelope can be obtained through the local Residential-In-Reach team See a brief video here <a href="https://www.youtube.com/watch?v=KzhUYHb5yt0&t=4s">www.youtube.com/watch?v=KzhUYHb5yt0&t=4s</a>



### **Local needs and services** Aged Care standards 7 and 8

The location of a RACH and the availability of local services will determine how support can be accessed and delivered. When writing an after-hours plan, it is useful to have an idea of what local, state, and national services may be available e.g., national telehealth services, mental health hotlines and pharmacies.

#### What are key components of Local needs and services?

#### For the facility, the following elements should be in place:

- Maintaining a documented list of medical contacts for after-hours care, including preferred and back-up supports. This ensures that staff have easy access to contact information for medical professionals who can provide necessary assistance and guidance during the after-hours period.
- Keeping a documented list of local pharmacies available in the after-hours, including their hours of operation. This information helps staff identify nearby pharmacies that can fulfill urgent medication needs outside regular business hours.
- Establishing a process for using an onsite Imprest system for accessing urgent medication in the after-hours. This involves having a system in place where necessary medications are securely stored and accessible to authorized staff members, ensuring that residents can receive their required medications promptly when needed.
- Creating a documented list of mental health supports available in the after-hours. This includes contact information for mental health professionals or helplines that can provide support and assistance during times of emotional distress or mental health concerns outside regular office hours.

#### For individual residents, the following elements should be in place:

- Documented pharmacy information for residents' prescriptions.
- Documented preferences for mental health support during after-hours.
- · Documented needs and preferences based on residents' cultural and spiritual identity, (for example Aboriginal and Torres Strait Islander, LGBTI, CALD, person with disability), with links to providers who can address their specific needs.

#### What could this look like in practice?

- ✓ Talking to GPs about their after-hours availability and support.
- ✓ Having a plan for alternative services to contact after-hours.
- ✓ Keeping a list of local pharmacies open late.
- ✓ Knowing about backup services if local options are not available.

#### **Suggested resources**

National Health Services Directory (about.healthdirect.gov.au/nhsd) directory that contains resources that may be available in your local area. These directories will form the basis of your after-hours plans. See the service directory within this document for contact details for a preliminary list of after-hours support in your region, and/or national and state-wide services that may be of assistance in for after-hours medical care.

IMPREST Systems (bit.ly/3l1a3Rt) Systems can be implemented by facilities when storing medications for urgent use in the after-hours period. You can have medications that are Schedule 2, 3, 4, 8 or 11 in your 'Imprest' stock. However, remember the more medications you have in stock, the more you will have to monitor and manage.

The Pharmaceutical Society of Australia has an advice line operating from 6pm to midnight, 7 days per week. It is free for all Victorians. This advice line is not for emergencies and does not prescribe. Phone 1300 742 769 (1300 PHARMY)

Safe Lift Aged Care Equipment (safelife.com.au) CareWatch Alarm and Sensor Pads are devices ideal for residents at a higher risk of falls if they move by themselves. The function of these devices is to warn nurses if a patient gets up and starts moving around when they are alone. The alarm works by placing underneath the resident when they are resting. If the patient gets up the alarm activates and informs the nurse on call.

Aged Care - Victorian Virtual Emergency Department (vved.org.au) (for non-life-threatening health deterioration) VVED offers on-demand consultations, enabling Residential Aged Care Facilities to call VVED and have a direct consultation with an emergency physician. VVED provides a pathway for referral back to primary health care providers for patients who have had an emergency telehealth consult and require follow-up.

Healthdirect aged care portal (help.vcc.healthdirect.org.au/aged-care-portal) allows 24/7 access to GP support via their online platform. This is a free service, and used via an account that is set up for the RACH for use thereafter.

### **Infrastructure** Aged Care standards 5 and 8

Health infrastructures are physical and organisational facilities, spaces, services, and networks that enable health services to be delivered to the population. In RACHs, this includes essential services including electricity and telecommunications services, that assist you in running your internal infrastructure e.g., electronic medication management systems.

#### What are key components of Infrastructure?

#### For the facility, the following elements should be in place:

- Using an electronic record management system to record and share information about resident care during after-hours.
- Having a reliable internet connection to enable telehealth services for after-hours care.
- · Documenting a list of emergency contacts for after-hours support, such as electricity, internet, and IT providers.
- Having access to non-electronic resident information during after-hours.
- Designating spaces that accommodate residents' cultural and spiritual needs and preferences, including end-of-life care.

#### For individual residents, the following elements should be in place:

- Documented preferences of residents regarding the use of telehealth services.
- Documented preferences of residents regarding the location for after-hours care, considering their cultural and spiritual needs and preferences. This may include their resident room, or a designated space aligned with their preferences.

#### What could this look like in practice?

- ✓ Reliable telecommunication services and equipment for telehealth consultations.
- ✓ Use of software to manage resident health records and appointments.
- ✓ Dedicated spaces within the facility for treating residents who require medical attention during after-hours.
- ✓ Clear documentation of resident preferences for using telehealth and receiving care in specific locations.

#### **Suggested resources**

There are a variety of person-centered digital clinical care systems available that assist RACHs with administration and management tasks, including: reporting, electronic care planning, medication management, communication, clinical analysis, mobile data entry, family communication, health monitoring, pathology and more. Disclaimer: EMPHN does not endorse nor promote RACHs' use of any specific digital solution.

Digital patient management solutions that are compatible with My Health Record please visit the fill list: www.digitalhealth.gov.au/media/3546

#### Platforms that are conformant with My Health Record:

- Unleashed Technology (Autumn Care)
- Acredia
- MPS Connect (MPS Medico EMM)
- Modeus (DiamondCare)
- Manad Trust (Manad Plus)
- Leecare (Platinum 5.0)

- Humanetix (Humanetix ACE)
- Compacts Systems Australia (Emma)
- Best Practice Software (Bp Premier)
- Telstra Health (Clinical Manager and Medication Management)

## After-Hours service directory

Healthdirect is Australia's National Health Services Directory (<u>about.healthdirect.gov.au/nhsd</u>). It is regularly maintained and contain services, businesses and resources that are available throughout Australia. These directories may be of use in the process of formulating RACH after-hours plans. The following watermarked tables are a snapshot in time of what is available as drawn from the National Health Service Directory, and each facility can draw similar information that can be used in their Facility plans.

In the Within the After-hours Planning guide, collate your localised services in line with your facility's individual needs, this will form the content for your facility and resident plans. From the answers provided in the self-assessment tool, collate appropriate answers into one document for after-hours contacts.

The Pharmacy Guild of Australia's <a href="https://www.findapharmacy.com.au">www.findapharmacy.com.au</a> service enables you to search for pharmacies near you.

To complete the service directory template, you should consider the following localised services:

- After-Hours medical care
- Mental Health Care
- Pharmacy

- Locum/Medical Deputising Services
- Infrastructure

After-hours medical care				
Name of clinic or service	Purpose and open hours	Contact		
Residential In-Reach Service https://www.health.vic.gov. au/publications/residential-in- reach-services-resident-and- representative-information-sheet	Residential In-Reach services, delivering clinical care to RACH residents, are delivered via health services in Victoria. These services are staffed by hospital-based nurses and doctors who provide telephone support and on-site assessment of the aged care resident.	Centralised number: 1300 65 75 85 See		
Northern Health RIR  Eastern Health RIR  St Vincents Hospital RIR  Austin Health RIR  Monash Health RIR	Please visit your allocated RIR website for examples of referral, available hours and contact details.	Metropolitan health services Information Sheet https:// bit.ly/3LLIcGT for direct contact details		
VVED (Victorian Virtual Emergency Department) https://www.vved.org.au/	<ul><li>24-hour support for non-threatening health emergencies.</li><li>Online registration required.</li><li>Virtual access only</li></ul>	See VVED information quick guide here		
Dementia Behaviour Management Advisory Service (DBMAS) https://www.dementia.com.au/ dbmas	Support for carers of patients already enrolled in the DBMAS program.  • Open: 24 hours 7 days a week	1800 699 799		
Dementia Directory https://www.dementiadirectory. org.au/	The Dementia directory lists local services and support for people living in Melbourne with dementia, as well as their carers and families. It complements existing directories for My Aged Care and NDIS.	Online		
Severe Behaviour Response Team (SBRT) https://www.dementia.com.au/who-we-help/health-care-professionals/services/sbrt	The Severe Behaviour Response Teams are a 24/7 mobile service for people with dementia who are experiencing severe behaviours or psychological symptoms of dementia.  Open: 24 hours 7 days a week	1800 699 799		

After-hours medical care		
Name of clinic or service	Purpose and open hours	Contact
National Dementia Hotline https://www.dementia.org.au/ helpline	A free telephone service that provides information and advice.  Open: 24 hours a day 7 days a week	1800 100 500
Ambulance Victoria's Residential Aged Care Enhanced Response (RACER) program <a href="https://www.ambulance.vic.gov.au/the-racer-pathway/">https://www.ambulance.vic.gov.au/the-racer-pathway/</a>	The RACER pathway is an alternative care pathway that aims to better connect and coordinate Triple 000 calls from residential aged care homes (RACHs) to meet the patient's needs and avoid unnecessary ambulance dispatch and transport to hospital emergency departments.  Open: 24 hours 7 days a week	000
Palliative Care Advice Service https://www.pcas.org.au/	The Palliative Care Advice Service offers free, confidential advice for all Victorians seeking information about life-limiting illness, palliative care, or end-of-life care.  Open: 7am-10pm 7 days a week	1800 360 000
Victoria Poisons Information Centre	Advice if someone has been poisoned, overdosed, made a mistake with medicine, or been bitten or stung by something venomous. This service is not for emergencies. Open: 24 hours 7 days a week	131 126
After-hours Locum/Deputis	ing Services	
Name of clinic/ service i.e. Doctor	Enter GP name in this space. i.e. Dr Jones Enter hours of availability *Please note that resident GPs will be noted in resident plans*	Contact/Referral Process
Healthdirect Fast Track After Hours GP services https://www.healthdirect.gov.au/ after-hours-gp-helpline	If you have no access to a Locum service provided by the GP, Healthdirect Fast GP services may be able to assist you with a Telehealth consult. GP consults within the hour.	1800 022 222
	Open: Monday to Friday, 11pm- 7:30am Saturday, from 6pm, Sunday and Public Holidays, all day	
After-hours Mental Health (	Care	
Name of clinic/ service and website	Purpose and open hours	Contact number
Hospital support Find your local urgent psychiatric triage contact.	Psychiatric Triage Lines are the initial points of contact for mental health support for each Hospital Network. The triage line will assess and refer you to the relevant Hospital Network support. The support is typically for people who require specialist clinical care or treatment for a severe mental illness.  Eligibility to the services is based on geographical catchment area, so please select your local area from the list on the website.  You can call on behalf of yourself or a resident. They operate 24 hours a day, 7 days a week.	To locate the appropriate phone number please see the SupportConnect website www. supportconnect.org.au
SupportConnect www.supportconnect.org.au	Helping people find mental health, alcohol and other drugs and suicide prevention services in eastern and north-eastern Melbourne.	9800 1071

After-hours Mental Health Care				
Aged Persons Mental Health Service (APMHS) www.easternhealth.org.au/site/ item/117-aged-persons-mental- health-service-apmhs	Specialist mental health services for people over 65yrs with a mental illness or those who may experience severe behavioural disturbances associated with Dementia. This is based at the Peter James Centre.  Open: 9am- 4.30pm Monday – Friday	Eligible LGAs: Monash Whitehorse Manningham, Knox Maroondah Yarra Ranges	1300 721 927	
Healthy Ageing Service Response (HASR)  www.emphn.org.au/what-we- do/mental-health-and-aod-test/ services-menu/healthy-ageing- mental-health-services	HASR is a service to support healthy ageing for older persons in north-eastern and eastern. HASR is for individuals aged 65 years and older (55 years or older for Aboriginal or Torres Strait Islanders) living in the community or in a RACF with, or at risk of, mild to moderate mental health issues who may not otherwise qualify for public mental health services. Phone advice line for clinicians, Face to Face (or telehealth) intervention, Education sessions.	Eligible LGAs: Banyule Nillumbik Whittlesea Murrindindi Mitchell Boroondara	St Vincent's 9231 8443  Melbourne Health Centralised Triage  1300 874 243	
Lifeline https://www.lifeline.org.au/	Provides 24-hour crisis counselling, support groups and suicide prevention services. Open: 24 hours, 7 days a week		13 11 14	
QLife https://qlife.org.au/	QLife provides anonymous and free LGBTIQ+ pereferral for people in Australia wanting to talk al identity, gender, bodies, feelings or relationships Open: 3pm- 12am (AEST), 7 days a week	1800 184 537		
Open Arms — Veterans and Families Counselling	Provides free and confidential counselling to an served at least one day in the ADF, their partner Open: 24 hours, 7 days a week	1800 011 046		
Mensline https://mensline.org.au/	This is professional telephone and online counse offering support to Australian men. 24 hours/7 days a week, chat online or organise	1300 78 99 78		
SANE Australia https://www.sane.org/	SANE provides support to anyone in Australia a mental health issues, as well as their friends, fa health professionals. 10am – 10pm, Mon – Fri	1800 187 263		

After-hours Pharmacy				
Name of clinic or service	Purpose and open hours	Contact		
Healthdirect find a pharmacy https://www.healthdirect. gov.au/after-hours-gp- helpline	Find the nearest open pharmacy that is open now	Online or call 1800 022 222		
Infrastructure		`		
E.g. Power company				

# Acknowledgements

Eastern Melbourne PHN acknowledges the Wurundjeri people and other people of the Kulin Nations 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.

We recognise and value the knowledge and wisdom of people with lived experience, their supporters and the practitioners who work with them. We celebrate their strengths and resilience in facing the challenges associated with their recovery and acknowledge the important contribution that they make to the development and delivery of health and community services.









#### **Australian Government**

The Australian Government is the principal funding body for Primary Health Networks.

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