

After-hours support planning toolkit for residential aged care homes

2025

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This toolkit was originally developed by Primary Health Tasmania in 2023. It was updated in 2025 to accommodate the revised Strengthening the Aged Care Quality Standards, which commenced on 1 November 2025.

We would also like to thank staff from the following residential aged care homes who provided input and feedback that informed the development of this toolkit:

- 🍷 Aged Care Deloraine
- 🍷 Uniting Agewell Latrobe Community, Strathdevon
- 🍷 Uniting Agewell Kings Meadows Community, Aldersgate
- 🍷 Freemasons Home, Masonic Care Tasmania

Disclaimer

While the Australian Government helped fund this document, it has not reviewed the content and is not responsible for any injury, loss or damage however arising from the use of or reliance on the information provided herein.

More information and feedback

We welcome questions and feedback about this toolkit. Please contact Primary Health Tasmania at providersupport@primaryhealthtas.com.au or on 1300 653 169.

Background

Primary Health Networks (PHNs) have received funding to support the Australian Government response to the Royal Commission into Aged Care Safety and Quality. The Royal Commission examined complex circumstances faced by senior Australians using aged care services. Issues identified included difficulty in accessing after-hours medical services and inappropriate transfers to hospital, both of which lead to poorer health outcomes for senior Australians and increased pressure on the health system. Improving after-hours medical support and reducing inappropriate transfers to hospital has become a major focus of work for PHNs.

After-hours support is a critical component of care within residential aged care homes (RACHs) in Tasmania. After-hours plans identify how to manage residents' health care in the after-hours period and increase awareness of support available in primary health care (including general practice and pharmacies). This is an important part of avoiding unnecessary transfers to hospital.

Primary Health Tasmania (Tasmania PHN) was asked by the Department of Health, Disability and Ageing to create a resource that will support and build capacity in the delivery of after-hours medical support in RACHs. From June to October 2022, Primary Health Tasmania met with 62 RACHs across Tasmania to understand the ways facilities manage the deterioration of health in residents during the after-hours period. RACHs fed back expertise and information that illustrated how after-hours medical support is currently implemented. These contributions led to the creation of a toolkit of resources to assist with after-hours support planning for RACHs.

The purpose of this toolkit is:

- ⊕ to assist homes in identifying, documenting and centralising the plans they have in place for the after-hours period both for their facility and for each individual resident
- ⊕ 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 a local area or region
- ⊕ to demonstrate how after-hours support interventions align with the Strengthened Aged Care Quality Standards ([see Figure 1](#)).



Figure 1. **Strengthened Aged Care Quality Standards**
<https://bit.ly/StrengthenedAgedCareQualityStandards2025>

This toolkit includes:

- ⦿ a guide including self-assessment questions to prompt exploration of current after-hours plans at the aged care home level and for individual residents, resources and suggestions for what may be included in after-hours plans
- ⦿ two workbooks to assist with centrally documenting after-hours planning for facilities and individual residents
- ⦿ after-hours quick guide templates.

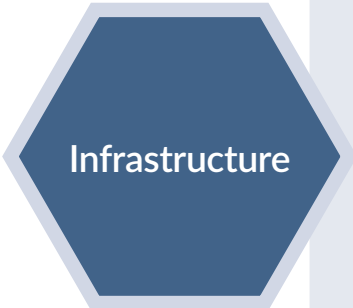
Figure 2. After-hours planning toolkit flowchart



The guide and planning workbooks are divided into themes which are the minimum requirements for inclusion in RACH after-hours plans as recommended by the Department of Health, Disability and Ageing. These requirements are defined on the following page. Please note that alignment with the standards is as a guide only.

Table 1. Minimum requirements for inclusion in an RACH after-hours plan and the relevant strengthened Quality Standards

Requirement	Definition	Relevant Aged Care Quality Standard
 Clinical governance	Clinical governance refers to the set of relationships and responsibilities established by a health service organisation between its state or territory department of health, governing body, executive, workforce, patients, consumers, and other stakeholders to ensure good clinical outcomes². Within RACHs, clinical governance is comprised not just of the documents that articulate residents' care preferences, but many other documents that govern the actions of individual staff members and of the organisation more broadly.	 Standard 1  Standard 2  Standard 3  Standard 5  Standard 7
 Workforce	The health workforce includes all those involved in healthcare delivery, from those trained in the vocational education and training sector to medical specialists³. For the purposes of after-hours planning, consider the workforce available within the aged care home and their capabilities. Also consider the broader workforce that may need to be called upon to assist with the deterioration of a resident. This may include (but is not limited to) after-hours pharmacies, national telehealth hotlines and local general practices that offer after-hours clinics.	 Standard 2
 Systems and processes	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 that articulate processes to follow when residents require extra care and support.	 Standard 3  Standard 4  Standard 5  Standard 6  Standard 7

Requirement	Definition	Relevant Aged Care Quality Standard
	The location of an RACH and the availability of services in the local area 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 to offer support (e.g. national telehealth services, mental health hotlines and pharmacies).	 Standard 2  Standard 7
	Health infrastructure is physical and organisational facilities, spaces, services and networks that enable health services to be delivered to the population⁴. In RACHs, this includes essential services including electricity and telecommunication services, that assist with the running of internal infrastructure (e.g., electronic medication management systems).	 Standard 2  Standard 3  Standard 4

The toolkit also includes access to a suite of complementary resources to support RACHs in the after-hours period.

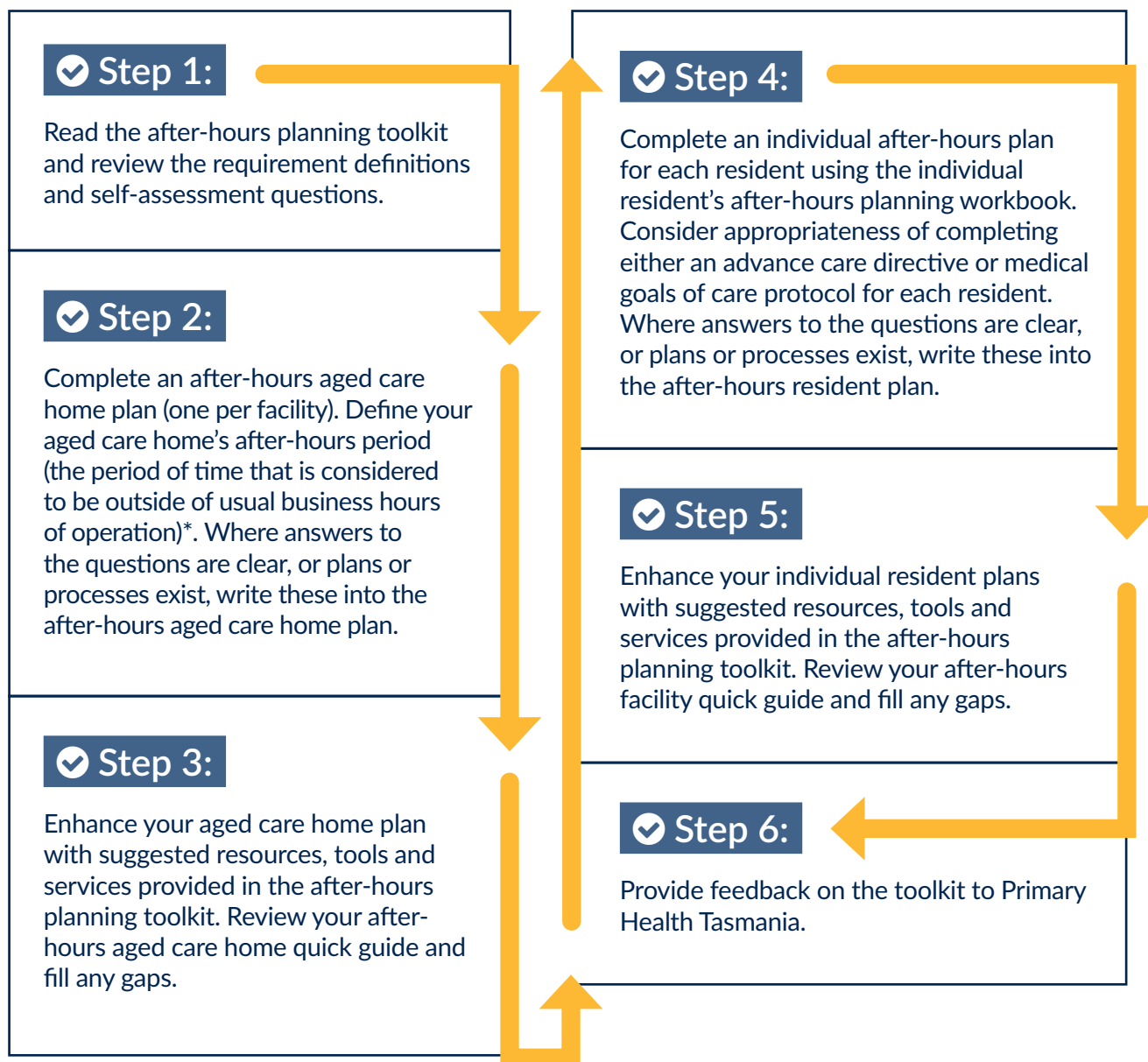
The after-hours plans and templates are designed to be dynamic documents, meaning aged care home and resident plans should be reviewed and updated regularly to reflect current policies and procedures, available services, and changes in care.

Disclaimer

This document does not intend to direct individual RACHs as to what they should include in after-hours medical support plans, but to explore the range of resources available across the state and within each region with the aim of maximising the use of the resources that are currently available.

How to use the toolkit

RACHs are encouraged to use the toolkit in the manner that best meets their needs. Primary Health Tasmania suggests aged care home management allocates time and takes a collaborative approach to identifying the strengths and gaps in both aged care home and individual resident after-hours plans.



* Consider that your facility's after-hours period may differ from the after-hours period for a pharmacy or general practice.



After-hours care planning guide

Read the self-assessment questions and practical examples to guide the review of your facility's current after-hours plan and individual residents' plans.

Clinical governance



Self-assessment questions

- ⊗ What documents underpin the way we work in our organisation? Where can they be found?
- ⊗ What is our process for escalating a resident's care in the after-hours period, and who is responsible for escalating that care?
- ⊗ How is the process for escalating a resident's care in the after-hours period communicated to all staff?
- ⊗ What plans, processes and structures do we have in place to determine how care is administered?
- ⊗ What role does the resident play in determining how their care is administered if they become unwell after hours?
- ⊗ How could we introduce more patient and family-centred care into the after-hours support process?
- ⊗ Where and how are the aged care home and individual plans recorded?
- ⊗ What and who do we need to consult when a resident becomes unwell after hours (e.g. family, advance care plan, facility manager)?
- ⊗ Who decides how and when we consult others when a resident becomes unwell after hours?
- ⊗ When and how do we report incidents, and how do we monitor and control for risk?
- ⊗ How do we ensure/what process do we have in place to ensure that individual and RACH plans are regularly reviewed and updated?

What could this look like in practice?

Internal processes are followed when a resident becomes unwell after hours.

The organisation has charters of responsibilities: mission, vision, code of conduct, employee agreements, etc.

Compliance with sector safety and quality standards.

Adherence to specific disciplinary codes of conduct and codes of ethics, e.g., Australian Health Practitioner Registration Agency guidelines, Nursing and Midwifery Board of Australia's code of ethics.

There is a plan to communicate with a resident's family when the resident becomes unwell after hours (e.g., clear emergency contacts).

Having a conversation with the resident and their family about their after-hours care preferences.

Taking a flexible approach to residents' after-hours care preferences as they change.

Considering a resident's cultural and/or religious background and associated care preferences.



Suggested resources

- ⊗ **Advance care planning** is the process of planning for future health care. It relates to the health care an individual would or would not like to receive if they were to become seriously ill or injured and unable to communicate their preferences or make decisions. This can often relate to the care received at the end of life. There are two components of advance care planning in Tasmania: appointing an enduring guardian and completing an Advance Care Directive.
- ⊗ **The Advance Care Directive Form** is a document that allows an individual to specify the health care and treatment they would and would not like if they lost the ability to communicate and make decisions. The writer can also nominate someone to make decisions on their behalf if they are not able to do so. This person becomes the enduring guardian, and the process of appointment requires completion of the **Instrument Appointing Enduring Guardian form**. These processes and considerations are not mandatory, however they are useful in embedding person-centred care and could be encouraged for consideration by residents and their families.
- ⊗ **Medical Goals of Care Plans** ensure that patients who are unlikely to benefit from medical treatment aimed at cure receive care appropriate to their condition and are not subjected to futile treatment including cardiopulmonary resuscitation and Medical Emergency Team (MET) calls. A flowchart outlining the implementation of a Medical Goals of Care Plan can be found [here](#).
- ⊗ **Professional standards, codes, and guidelines:** Nurses and midwives must be registered with the Nursing and Midwifery Board of Australia and meet the Board's professional standards to practise in Australia.
- ⊗ **The Strengthened Aged Care Quality Standards:** The Aged Care Quality and Safety Commission expects organisations providing aged care services in Australia to comply with these standards, which articulate minimum standards for safety and quality.

Links

- ⊗ Advance care planning bit.ly/3EiPQ80
- ⊗ Advance Care Directive bit.ly/3RVBC21
- ⊗ Instrument Appointing Enduring Guardian form bit.ly/3UqrYVx
- ⊗ Medical Goals of Care Plans tasp.hn/3DXDGQr
- ⊗ Professional standards, codes, and guidelines bit.ly/3WNC6cH
- ⊗ The Strengthened Aged Care Quality Standards bit.ly/3ZZENuV



Self-assessment questions

- ⊗ Who within our organisation knows what to do to care for a resident who has become unwell in the after-hours period?
- ⊗ Who in our organisation can complete a comprehensive physical assessment of a resident who becomes unwell?
- ⊗ What is the role of a non-clinical staff member in the after-hours support plan?
- ⊗ Who within our organisation requires training in the use of any or all the following: The Yellow Envelope, Emergency Decision Guidelines, ISOBAR, comprehensive physical assessment? How often do we have refreshers on our training?
- ⊗ Who else might we consult when a resident becomes unwell after hours?
- ⊗ What plan do we have in place with our local GP for when a resident becomes unwell after hours?
- ⊗ What are the nearby facilities that provide after-hours care?

What could this look like in practice?

Identifying and documenting the appropriate after-hours doctors and their contact details.

Staff appropriately trained in after-hours processes.

Agreed plans with GPs and alternatives to emergency departments such as home visits with the resident, or virtual consultation.

An orientation for new staff that includes reference to after-hours support processes.

Refresher training at set intervals is planned and regular

Knowledge of eHealth technology and systems.

Building staff competency and confidence to manage deterioration in a resident's health and assess what steps need to be taken.

Easily accessible information about who to contact when a resident becomes unwell after hours and needs support.



Suggested resources

- ⊗ Primary Health Tasmania has a **range of videos** available that provide additional perspectives and case examples to support the implementation of Shared Transfer of Care. These resources provide contextualised examples of how healthcare providers and consumers understand quality shared transfer of care. Primary Health Tasmania has also a range of useful resources **Recognising Deterioration in the Older Person | PHT Online Learning Hub**
- ⊗ **BRIDGE online learning** offers online training for the aged care workforce and offers continual professional development accredited training.
- ⊗ **Advance Care Planning Australia Learning** supports healthcare practitioners, care workers, students, individuals, and substitute decision makers to learn about advance care planning.
- ⊗ Aged and Community Care Providers Association has a range of **learning and professional development options** for those working in aged care services.
- ⊗ **Palliative Aged Care Outcomes Program** has developed a range of resources for clinicians, residents of RACFs and their families to systematically improve palliative and end-of-life care.
- ⊗ **End of Life Direction for Aged Care** provides information, guidance and resources to health professionals and aged care workers to support palliative care and advance care planning.

Relief agencies

- ⊗ **Nurseline**
- ⊗ **Pulse**
- ⊗ **Medi-Serve Nursing Agency**

See Appendix 1 for contact details for after-hours support in your region, and additional national and statewide services that may be of assistance in the after-hours space.

Links

- ⊗ Primary Health Tasmania Learning Hub **bit.ly/44xPtm3**
- ⊗ Bridge online learning **bit.ly/3DY5qVc**
- ⊗ Advance Care Planning Australia Learning **bit.ly/3fWCepx**
- ⊗ ACCPA learning and professional development options **bit.ly/3zXV5Y3**
- ⊗ PACOP **bit.ly/3ENuVKv**
- ⊗ ELDAC **bit.ly/3ghemNP**
- ⊗ Nurseline **bit.ly/4lqlodQ**
- ⊗ Pulse **bit.ly/3fTc3Ai**
- ⊗ Medi-Serve **bit.ly/3EiVwif**

Systems and processes



Self-assessment questions

- ⊗ What is the first thing we do if we notice that a resident is deteriorating or becoming unwell after hours? What is the sequence of intervention after noticing?
- ⊗ What assessment tools do we use with residents who become unwell after hours?
- ⊗ What plans, processes and structures do we have in place to determine how care is administered?
- ⊗ How are we going to check that our after-hours support plan is working?

What could this look like in practice?

Appropriate record management, including systems for capturing and sharing relevant information with the regular GP and/or hospital. Information including instances of after-hours services, assessment, advice given.

Planned approaches for the transfer to hospital if needed. Processes including communications, information transfer, etc.

Easily accessible contact details for triage and GPs.

A simple workflow we could follow to ensure care is being administered consistently.

A Plan-Do-Study-Act cycle to evaluate our after-hours process.



Suggested resources

Clinical guidelines

- ⊗ **McGreer's Definitions** for Healthcare Associated Infections for Surveillance in Long Term Care Facilities is a checklist that provides standardised guidance for infection surveillance activities and research studies in RACHs and similar institutions.
- ⊗ **Pain assessment scales and tools** can be used to measure pain, and a range of resources are available on the Australian Department of Health and Ageing website.
- ⊗ **Emergency Decision Guidelines** are a step-by-step guide to the identification, assessment and management of an acutely unwell or deteriorating resident in an aged care home. The guidelines use ISOBAR principles to guide staff to provide the required information during handover. Hard copies can be ordered by emailing providersupport@primaryhealthtas.com.au.
- ⊗ **ISOBAR** is a clinical handover checklist that aims to improve patient safety and reduce adverse outcomes by improving communication. The acronym ISOBAR (identify-situation-observations-background-agreed plan-read back) summarises the components of the checklist. This form has been shown to improve clinician leadership and involvement and reduces the need for duplication in other clinical handover forms.

Handover tools

- ⊗ The **Yellow Envelope** is exactly that: a canary-yellow A4 sleeve designed to capture key patient handover information, and keep relevant health records safe and secure in a single spot. The two-sided envelope is clearly and concisely labelled, and steps aged care home staff through all the necessary information, such as service provider details, handover summary, a checklist of documents to be included, and more. Requesting training in the use of the Yellow Envelope or ordering copies of the Yellow Envelope can be done through emailing providersupport@primaryhealthtas.com.au

Links

- ⊗ McGreer's Definitions bit.ly/3WNLmUw
- ⊗ Pain assessment scales and tools bit.ly/3tg5D11
- ⊗ Emergency Decision Guidelines tasp.hn/3EkIJNy
- ⊗ ISOBAR tasp.hn/3hk5eYI
- ⊗ Yellow Envelope tasp.hn/3EkIJNy

Meeting needs and accessing services



Self-assessment questions

- ④ Who is our external contact for after-hours primary care support (e.g. local GP)?
- ④ Who is our back-up option for after-hours primary care support if we can't reach our preferred option?
- ④ Do we have an after-hours support arrangement in place with local pharmacies? Which is our closest after-hours pharmacy? What are their hours of operation?
- ④ What mental health supports might we call upon after hours?

What could this look like in practice?

Communication and planning with GPs for the after-hours support they will offer.

Planning which alternative service to call after hours if required for residents.

List of local pharmacies that are open later than usual business hours.

Back-up national and statewide services that can be used if local services are not available.



Suggested resources

- Ⓢ **Primary Health Tasmania's Tas After Hours website** has details of services that may be available in your local area. It links to healthdirect Australia's **National Health Services Directory**. These resources may be of use in the process of formulating 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 statewide services that may be of assistance in determining after-hours medical care. *Please be advised that the list will not be monitored or updated by Primary Health Tasmania and that contact details for services and organisations are subject to change.*

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

Links

- Ⓢ Primary Health Tasmania's Tas After Hours website [tasafterhours.com](https://www.tasafterhours.com)

Infrastructure



Self-assessment questions

- ⊗ What software do we currently use to monitor the resident and share information about their condition?
- ⊗ What tools would we like to access, use and train our staff in the use of, to improve our capacity to provide support after hours?
- ⊗ What is our internet connection like – is it reliable enough to support telehealth?
- ⊗ Who do we contact if the power or internet goes out?
- ⊗ Who do we contact if we need IT support, and where is their phone number kept?
- ⊗ What procedures do we follow if we cannot access IT systems that contain resident information?
- ⊗ Do we need a separate space to assess and treat residents who need after-hours medical care?

What could this look like in practice?

Telecommunication services and networks that are available to support practice software.

Using fit-for-purpose practice management software.

Internal telehealth infrastructure e.g., tablets, phones, telehealth carts solutions.

Dedicated treatment rooms for residents who require treatment/are unwell and require medical review.



Suggested resources

There is a variety of person-centred digital clinical care systems available that assist aged care homes with administration and management tasks, including: reporting, electronic care planning, medication management, communication, clinical analysis, mobile data entry, family communication, health monitoring and pathology.

Disclaimer:

Primary Health Tasmania does not endorse or promote the use of any **particular** digital solution for RACHs.

The following systems are available in Tasmania and were identified during consultation with RACHs:

Digital patient management solutions

- ⊗ Autumncare
- ⊗ Person Centred Software
- ⊗ Alayacare
- ⊗ Leecare
- ⊗ Management Advantage (also known as Manadplus)

Medication management

- ⊗ Medmobile
- ⊗ Bestmed
- ⊗ Medisphere
- ⊗ Medimaps
- ⊗ MedPoint

Pathology

- ⊗ Sonic Dx

Communication devices

- ⊗ Spectralink

Feedback

The residential aged care homes after-hours support planning toolkit aims to improve Tasmanian RACHs capacity to plan for the after-hours. Your feedback can help us understand if the toolkit is helpful and inform how we might work better together with the aged care sector.

Hard copy feedback can be provided by completing the questions below and posting your response to GPO Box 1827, Hobart, Tasmania, 7001. Or you can provide feedback online at tasp.hn/ahtoolkit

RACH name (optional):

1. How would you rate your aged care home's after-hours plans prior to engagement with Primary Health Tasmania?

(1 - No plan in place, 5 - Strong plan in place)

1 - No plan ☐

2 ☐

3 ☐

4 ☐

5 ☐ - Strong plan

2. How useful were the after-hours support self-assessments for analysing and enhancing your organisation's after-hours support plans?

(1 - Not useful, 5 - Very useful)

1 - Not useful ☐

2 ☐

3 ☐

4 ☐

5 ☐ - Very useful

3. How helpful did you find the guidance provided in the toolkit?

(1 - Not helpful, 5 - Very helpful)

1 - Not helpful ☐

2 ☐

3 ☐

4 ☐

5 ☐ - Very helpful

4. How was your experience with Primary Health Tasmania?

5. What do you think is important for us to know, to improve our work with the aged care sector?

For example, "we prefer email engagement", "please direct enquiries to a particular staff member", "make sure you follow up with us", etc.

6. Would you like to be contacted to discuss your answers?

(If yes, please provide your contact details below)

☐ Yes ☐ No

Optional:

Name:

Role:

Aged care home:

Contact email address:

Contact phone number:



Service directory

Primary Health Tasmania's Tas After Hours website tasafterhours.com and healthdirect Australia's National Health Services Directory about.healthdirect.gov.au/nhsd are regularly maintained and contain services, businesses and resources that are available throughout Tasmania. 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 Services Directory, and each aged care home can draw similar information that can be used in their plan.

It is important to note that the watermarked examples are not an exhaustive list of after-hours support providers in Tasmania. There are many clinics around that state that provide after-hours medical care. However, many of them are not able to service residents in RACHs due to an inability to provide home visits and limitations on providing telehealth consultations to new patients.

There may be some circumstances in which a resident can access after-hours telehealth services from a private clinic in Tasmania. The circumstance under which this would take place is likely to be a pre-established relationship with a clinic from before the resident entered an RACH, and these appointments (usually telehealth and occasionally home visits) would be given at the discretion of the clinic. For example, where an individual resident had a long-running relationship with a clinic or specialist in the community prior to RACH admission, that clinic or specialist may opt to provide ongoing consultation and contact via telehealth.

Please be advised that the following list will not be monitored or updated by Primary Health Tasmania and contact details for services and organisations are subject to change.

After-hours services available to residential aged care homes (RACHs), if your usual GPs/general practices aren't available

Statewide

Healthdirect helpline about.healthdirect.gov.au/healthdirect Phone 1800 022 222	Health professionals working in aged care homes can call the healthdirect helpline (1800 022 222) for after-hours support. Please identify yourself as a health professional calling from an aged care home, as this will assist with triage to a healthdirect GP where appropriate. This is a free service funded by the Australian, state and territory governments. It's available 24 hours a day, 7 days a week.
Care@home (acute virtual monitoring program) www.health.tas.gov.au/care-at-home Phone 1800 973 363	Care@home is a statewide service that remotely supports patients to better self-manage their illnesses and chronic conditions using virtual care. Aged care residents can be referred directly to the Viral Acute Respiratory Illness Program. This includes influenza, COVID-19 and RSV. Other illnesses, such as urinary tract infections, cellulitis and gastroenteritis, need a GP referral. The service provides 24-hour virtual support for a 7 to 10-day period. Medical care is available from GPs from 9am to 9pm. Beginning 1 August 2025, palliative care support will also be available through Care@home.
National Telemedicine Doctors www.nationaltelemedicinedoctors.com Phone 02 8834 7760	National Telemedicine Doctors provides a telehealth service from 9am to 9pm Monday to Friday, and 9am to 1pm on Saturdays and Sundays. No bulk billing. The doctors cannot prescribe Schedule 8 medications. The doctors can provide advice to RACH staff.
Hello Home Doctor hellohomedoctor.com.au Phone 13 41 00	Hello Home Doctor is a fully accredited medical deputising service provider. It offers an after-hours visiting doctor service to RACH residents on behalf of their regular GP. The Hello Home Doctor Service offers bulk-billed doctor visits in the following after-hours period: • Monday to Friday: 6pm to 8am • Saturday: 12 noon onwards • Sunday and public holidays: 24 hours.
My Emergency Doctor www.myemergencydr.com Phone 1800 123 633	My Emergency Doctor offers a phone and video-based service which connects RACH residents with qualified Australian senior emergency specialist doctors. The service can be accessed by visiting the website from any smart device and clicking on CALL DOCTOR, or calling the hotline on 1800 123 633. My Emergency Doctor is available 24 hours a day, 7 days a week.

Northern Tasmania	
13 Sick (Launceston) 13sick.com.au/aged-care-home-visits-and-telehealth Phone 13 74 25	Bulk-billed urgent medical care on weeknights or weekends. Doctors will provide home visits (including to RACHs) or telehealth consultations from 6pm on weeknights, from 12 noon on Saturdays, and all day on Sundays and public holidays.
Community Rapid Response Service (ComRRS) www.health.tas.gov.au/health-topics/community-health/community-rapid-response-service Phone 0438 395 023	ComRRS provides health care from 7:30am to 9:30pm 7 days a week for people at risk of needing to go to hospital with an acute illness, injury, or deterioration of a pre-existing condition. Covers the greater Launceston area.
North-west Tasmania	
Community Rapid Response Service (ComRRS) www.health.tas.gov.au/health-topics/community-health/community-rapid-response-service Phone 0436 847 458	ComRRS provides health care from 7:30am to 9:30pm 7 days a week for people at risk of needing to go to hospital with an acute illness, injury, or deterioration of a pre-existing condition. Located at the Central Coast Community Health Centre in Ulverstone and provides services within a 25-minute radius of the Burnie CBD and to Wynyard, and within a 25-minute radius of the Devonport CBD and to Port Sorell.
Southern Tasmania	
Call The Doctor (Hobart) call-the-doctor.com.au/nursing-home-patients Phone 1300 640 471	Call The Doctor is a bulk-billed after-hours doctor home visit service that provides care for the greater Hobart area. This service bulk bills patients who have Medicare or Department of Veterans' Affairs cards.
Hospital@home www.health.tas.gov.au/health-topics/community-health/hospitalhome Phone 1800 329 042	Hospital@home is an interdisciplinary service delivering hospital-level care to adults in their homes across southern Tasmania, including RACHs. The service offers: Rapid response – short-term care to prevent hospital admission for acute illness or injury. Acute care – inpatient-level treatment that would otherwise be delivered in hospital. Sub-acute care – specialised support for older patients, including comprehensive geriatric assessment and management. Care is coordinated from virtual hubs at Cambridge Park, Glenorchy Health Centre, and Clarence Integrated Care Centre, and is provided within a 45-minute radius of Glenorchy and Cambridge. Home visits are available 7 days a week, from 7:30am to 10:30pm (including public holidays), with 24/7 clinical phone support available as needed.

Pharmacy

In this part of the appendix, we have included only pharmacies that are available until 8pm or later

Northern Tasmania

Kings Meadows Discount Pharmacy
Located at 133 Hobart Rd, Kings Meadows
Phone 03 6344 1484

Hours:
8:30am-9pm Monday to Friday, 9am-9pm weekends

Terry White Chemmart Health Hub
Located at Level 1, 247 Wellington St, Launceston
Phone 03 6388 9292

Hours:
8:30am-9pm Mon-Fri / Sat & Sun 9am-5pm

North-West Tasmania

Terry White Chemist – Four Ways
Located at 155 William St, Devonport
Phone 03 6424 4233

Hours:
9am-9pm every day

Wynyard Medical Centre
Located at 136-138 Goldie St, Wynyard
Phone 03 6442 2201

Hours:
Mon-Fri 8am-8pm / Sat 9am-12pm / Sun 10am-12pm

Wilkinsons TerryWhite Chemmart
Located at 14 Wilson Street Burnie TAS 7320
Phone 03 6431 7083

Hours:
9am-9pm every day

Southern Tasmania

Your Hobart Chemist – late night pharmacy.
Located at 71 Bathurst St, Hobart
Phone 1300 252 436

Hours:
Mon-Sat 8am – 10pm / Sundays and public holidays:
10am – 10pm

Chemist Warehouse – Hobart
Located at 144 Murray St, Hobart
Phone 03 6223 3044

Hours:
Mon-Fri 7:30am – 9:00pm / Saturday 8am – 6pm /
Sunday 9am – 5:30pm

Chemist Warehouse – Sandy Bay
Located at 205 Sandy Bay Road, Sandy Bay
Phone 03 6223 5556

Hours:
Mon-Fri 8am – 9pm / Sat 8am – 8pm / Sun 9am – 8pm

Chemist Warehouse – North Hobart
Located at Shop 5, 346-352 Elizabeth St, North Hobart
Phone 03 6228 2554

Hours: 8am-9pm every day

Chemist Warehouse – New Town Located at New Town Plaza, Shop 10, 1 Risdon Rd, New Town Phone 03 6228 2558	Hours: Mon-Fri 8am-9pm / Sat 8am – 7pm / Sun 9am-7pm
Chemist Warehouse – Rosny Located at Shop B, 27 Bligh St, Rosny Park Phone 03 6292 5218	Hours: 8am-9pm every day
North Hobart Pharmacy Located at 360 Elizabeth St, North Hobart Phone 03 6234 1136	Hours: 8am – 10pm every day
Kingston Discount Drug Store Located at 11 John St, Kingston Phone 03 6229 7773	Hours: Mon-Fri 8:30am-9pm / Sat & Sun 9am-9pm
TerryWhite Chemmart Chemist – Kingston Town Located at Kingston Town Shopping Centre, Shop 10-14, 99 Maranoa Rd, Kingston Phone 03 6229 2988	Hours: 8am-9pm every day
TerryWhite Chemmart - Rosny Park Located at 1/10 Bayfield St, Rosny Park Phone 03 6244 3921	Hours: Mon-Fri 8am-8pm / Sat & Sun 10am-7pm





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