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| **Your after-hours clinical Care services directory** |
| Use the templates on the next page to list your mapped services and clinical care alternatives.  You can add as many rows as you need. An excel version is available as another optional format. |
| **Consider a regular review process to keep your service directory up to date.**  Keep list in easy to find and retrievable locations |

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| **Relevant after-hours Resources** |
| 1. Service Mapper |
| 1. After-hours site audit |
| 1. Telehealth Information |
| 1. Service directory (excel version) |
| 1. Provider access checklist |
| 1. Provider access template |

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| **The template commences on the next page** |

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| **Our after-hours registered nurses** | | |
| Consider your sites obligations for [24/7 nurse coverage](https://www.agedcarequality.gov.au/sites/default/files/media/24-7-nurse-alternative-clinical-care-arrangements.pdf) | | |
| **Nurse Name** | **Hours of coverage** | **Contact Details** |
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| **Our after-hours GP network** | | | | | |
| Which GPs are available after-hours and from which service or practice are they from? If they have telehealth capability what is their preferred mode of telehealth? What are other critical things to know about the GP which might impact service delivery? | | | | | |
| **Practitioner Name and Practice / Service** | **Hours of availability** | **Telehealth Available?** | **The GP’s Preferred Telehealth Platform** | **Contact Details** | **Other things to know about this GP** |
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| **Anticipatory Care Services (Non-Rapid Response)** | | | | | |
| Services with mixed hour availability to support overall care and assist the team to anticipate after hours care requirements.  You can add other categories into the table if you need to. | | | | | |
| **Practitioner Name and Practice / Service** | **Hours of availability** | **Telehealth Available?** | **Their Preferred Telehealth Platform** | **Contact Details** | **Is there a referral process?** |
| **Pharmacy** | | | | | |
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| **Palliation Support** | | | | | |
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| **Dementia Support** | | | | | |
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| **Occupational Therapy** | | | | | |
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| **Our Emergency Triage Options (Rapid Response)** | | | | | |
| **Name of Service** | **Hours of operation** | **Telehealth Capable?** | **Telehealth platform** | **Contact details** | **Other Information** |
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