

Outreach

Service Activity Report



Healthy Ears – Better Hearing, Better Listening

Report to be completed by **each visiting health professional** for **each location** after **each visit**.

Visit details					
Payee					
Health professional					
Health professional's name					
If employed by WA Health, was this professional backfilled? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Was Medicare Benefits Schedule (MBS) billed for this service? <input type="checkbox"/> Yes <input type="checkbox"/> No					
# of clinical sessions* conducted *1 session = 3.5-4 hours					
Visit location			Visit date		
Host facility name					
# of patients		# of Aboriginal or Torres Strait Islander patients seen		# patients that did not attend (DNA)	
# of new patients seen during this visit			Reasons that patients did not attend		
Professional support (since the last visit)			Upskilling (during the visit)		
<p>If you are funded (according to your organisation's Payment Schedule) to provide professional support to local health professionals after your visit, to assist continuity of care to patients, please list below:</p> <p>Number of hours conducted _____</p> <p><input type="checkbox"/> case discussions</p> <p><input type="checkbox"/> telephone support</p> <p><input type="checkbox"/> other _____</p>			<p>If you were funded (according to your organisation's Payment Schedule) to conduct formal upskilling activities of a theoretical or clinical nature at the host location, please complete below:</p> <p>Topic _____</p> <p>Number of hours completed _____</p> <p>Indicate the number of health professionals participating in the activity</p> <p>_____ medical professionals</p> <p>_____ nursing and allied health professionals</p> <p>_____ other</p>		

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Number of patients seen by age group											
0-6 months	7-12 months	1-2 years	2-3 years	3-4 years	4-6 years	6-8 years	8-10 years	10-14 years	14-16 years	16-21 years	21+ years
Total # of patients with ear discharge <i>Defined as any ear discharge which may be experienced by the patient which could be caused by a number of factors including infection or a foreign body eg an insect, toy or dust.</i>											
Total # of patients with hearing loss <i>Defined as any hearing threshold response (using audiometry) outside the normal range, at any sound stimuli, in either ear.</i>											
Total # of patients with Otitis Media <i>Given the many types of Otitis Media, the record should reflect that a patient is experiencing the condition.</i>											
Total # of patients referred for further assessment <i>Further assessment means any on-referral eg a health workers refers to the GP, or the GP refers to an audiologist or ENT. The record should reflect that further assessment is required.</i>											
Total # of patients referred for further treatment <i>Further treatment means any further treatment eg a health worker has been monitoring the ear health of a patient and decides that the nurse or GP needs to see them. The record should reflect that the condition is not resolved and required further attention.</i>											
Total # of patients referred for further consultation <i>Consultation refers to discussion about diagnosis or treatment in a particular case and can be a medical specialist or allied health professional.</i>											
Total # of patients referred for ENT specialist consultation <i>If on-referral is to an ENT, this record is to appear here also.</i>											
Total # of patients on Team Care Arrangements (MBS #723)											
Continuity of services											
If you plan on continuing the service, have future visit date/s been distributed to other local and visiting health professionals so they are aware of your upcoming visit and can refer if needed?											
If you do not plan on continuing the service, is there a succession plan in place with your host facility? i.e. handover of clinical summaries.											
Patient information record management											
Has appropriate patient information and visit feedback been submitted to the patients referring health practitioner/school? <input type="checkbox"/> Yes <input type="checkbox"/> If no, why not?											
Has appropriate visit information been uploaded in the patient's My Health Record? <input type="checkbox"/> Yes <input type="checkbox"/> If no, why not?											



Please provide comments about this visit

Has there been any changes in patient outcomes (ie behaviour, knowledge, skills, and health status) and/or impact on the community?

Was the visit implemented as planned – why/why not? (ie workforce concerns, event or weather influences, reasons patients did not attend)

Other

Service data to be entered into the [Visit Information Portal](#)

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