Outreach
Service Activity Report

RURAL HEALTH WEST

Eye and Ear Surgical Support Service

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

Visit details			
Payee			
Health profession			
Health professional's name			
If employed by WA Health, was this professional backfilled? ☐ Yes ☐ No			
Was Medicare Benefits Schedule (MBS) billed for this service? ☐ Yes ☐ No			
Location procedure delivered		**Procedure date**	
# of patients		**Planned # of patients**	
# of carers		**Planned # of carers**	
# of Aboriginal or Torres Strait Islander patients seen		**Reasons that patients or carers Did Not Attend (DNA)**	
# of ear procedures		**# of eye procedures**	
Type of procedures performed			
Total number of Aboriginal or Torres Strait Islander patients that received surgery within the clinically recommended timeframes			
Home location/s of patients			

Professional support (after the procedure)	Upskilling (pre/post procedure)
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: Number of hours conducted _____ ☐case discussions ☐telephone support ☐other _____	**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: Topic _____ Number of hours completed _____ **Indicate the number** of health professionals participating in the activity _____medical professionals _____nursing and allied health professionals _____other

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? ie. handover of clinal summaries.

Patient information record management

Has appropriate patient information and visit feedback been submitted to the patients referring health practitioner/school?

☐ Yes ☐ If no, why not?

Has appropriate visit information been uploaded in the patient's My Health Record?

☐ Yes ☐ 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**