

Outreach

Service Activity Report



Rural Health Outreach Fund

Medical Outreach Indigenous Chronic Disease Program

Report to be completed by **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? <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 dates | |
| Host facility name | |
| Total # of patients seen during visit | |
| # of new patients seen during this visit | |
| # of Aboriginal or Torres Strait Islander patients seen | |
| # patients that did not attend (DNA) | |
| Reasons that patients did not attend | |
| Professional support (since the last 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> | |

Continued overleaf

Upskilling (during the visit)

If you are 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? 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?

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 comments

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

The Outreach programs are delivered by Rural Health West on behalf of the Australian Government Department of Health and Aged Care.



T 08 6389 4500 | F 08 6389 4501 | E outreach@ruralhealthwest.com.au
www.ruralhealthwest.com.au