Outreach

Service Activity Report

Visiting Optometrists Scheme

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

Visit details	
Payee	
Health profession	
Health professional's name	
Was a locum hired at your principal practice during this visit? ☐ Yes ☐ No *If yes, how many hours were they hired for?*	
Was Medicare Benefits Schedule (MBS) billed for this service? ☐ Yes ☐ No	
# of clinical sessions* conducted **1 session = 3.5-4 hours*	
Visit location	
Visit date/s	
Host facility name	
Total # of patients seen during visit	
# of new patients seen during this visit	
# of Aboriginal patients seen	
# patients that did not attend (DNA)	
Reasons that patients did not attend	
Eye diseases identified *Please provide a list*	
Total # of glasses prescribed as part of this visit	
# of glasses prescribed for Aboriginal patients	
Total # of glasses supplied as part of this Visit	
# of glasses supplied for Aboriginal patients	

Continued overleaf

Professional support (since the last visit)

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 _____

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 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 comments

Service data to be entered into the Visit Information Portal