Outreach Orientation Guide

A guide designed for Outreach stakeholders
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1.0 OUTREACH

Outreach Programs

CheckUP, in partnership with the Queensland Aboriginal and Islander Health Council (QAIHC), is the jurisdictional fund holder to lead the planning and delivery of a suite of Outreach programs across Queensland.

These programs include:

- **Rural Health Outreach Fund (RHOF)**
  The aim of the RHOF is to improve health outcomes for people living in regional, rural and remote locations by supporting the delivery of Outreach health activities.

- **Medical Outreach Indigenous Chronic Disease Program (MOICDP)**
  The aim of the MOICDP is to increase access to a range of health services, including expanded primary health for Aboriginal and Torres Strait Islander people in the treatment and management of chronic disease.

- **Healthy Ears – Better Hearing, Better Listening (HE-BHBL)**
  The aim of the HE-BHBL Program is to increase access to a range of health services including expanded primary health for Indigenous children and youth (0-21 years) for the diagnosis, treatment and management of ear and hearing health.

- **Visiting Optometrists Scheme (VOS)**
  The aim of the VOS is to deliver outreach optometric services to people living in regional, rural and remote locations, who do not have ready access to primary eye care services.

These programs are funded by the Commonwealth Department of Health. CheckUP also undertakes other short term projects when opportunities present.

Priority Areas

Each program focuses on service delivery for defined health priority areas, including:

<table>
<thead>
<tr>
<th>Rural Health Outreach Fund</th>
<th>Medical Outreach Indigenous Chronic Disease Program</th>
<th>Healthy Ears – Better Hearing, Better Listening</th>
<th>Visiting Optometrists Scheme</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Maternity and Paediatrics</td>
<td>- Diabetes</td>
<td>- Ear Health</td>
<td>- Eye Health</td>
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<tr>
<td>- Eye Health</td>
<td>- Cardiovascular disease</td>
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<td>- Mental Health</td>
<td>- Chronic respiratory disease</td>
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<td>- Support for Chronic Disease Management</td>
<td>- Chronic renal (kidney) disease</td>
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<td>- Women’s Health</td>
<td>- Cancer</td>
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<td>- Mental Health</td>
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</table>
The programs support outreach services provided by:

- Medical Specialists
- Allied Health Professionals
- General Practitioners
- Aboriginal Health Workers

For Program Factsheets and Service Delivery Standards please visit CheckUP’s website at http://www.checkup.org.au/page/Initiatives/Outreach_Services/

**Additional Programs**

Supplementary to the four programs within the Outreach suit of services, CheckUP and QAIHC also lead the planning and delivery of additional programs. These additional programs include:

- **Ear and Eye Surgical services Program (EESS)**
  The Eye and Ear Surgical Services Program aims to improve access to ENT and Ophthalmology surgical services for people living in rural and remote locations, and Aboriginal and Torres Strait Islander people, (0-21 years old for ENT surgery) for the treatment of eye and hearing health.

- **Indigenous Nutrition Services Program**
  The Indigenous Nutrition Services Program aims to improve chronic conditions by increasing access to additional nutrition services for Aboriginal and Torres Strait Islander people.
2.0 GOVERNANCE

Project Governance

CheckUP established the Outreach Services Project Governance Committee to oversee all Outreach Programs, to ensure the efficient and effective planning, coordination, implementation and delivery of Outreach Services across Queensland under Outreach Services Programs.

The Project Governance Committee ensures:

- all necessary planning, coordination, implementation and delivery outcomes for the program are achieved in an effective and efficient manner
- an increased number of efficient and effective multidisciplinary team services are delivered across Queensland
- services delivered meet the identified needs and improve health outcomes for people living in urban, regional, rural and remote locations

The Project Governance Framework is provided in Appendix 1.

Clinical Governance

As part of the CheckUP Clinical Governance framework, the Outreach Services Clinical Governance and Advisory Group was established to oversee the development, implementation and monitoring of the clinical governance framework for all services provided under the Outreach Services Programs.

The role of the Clinical Governance Committee is to ensure Health Professionals are appropriately qualified to deliver services and that clinically appropriate services are delivered through the programs.

The committee will oversee the following processes:

- Quality and safety
- Credentialing
- Professional registration
- Contracting;
- Clinical delivery of services
- Compliance with policies and requirements
- Cultural Safety/Awareness Training

The framework consists of a series of principles and strategies dedicated to enhancing the service-recipient safety, quality and accountability of CheckUP’s service delivery arrangements. This includes (but is not limited to):

- the Feedback policy and process. For a copy of the Feedback Policy, see Appendix 2.
- maintaining Work Health and Safety. For a copy of the Work Health and Safety Statement, see Appendix 3.
Data and planning Governance

The Data and Planning Sub-Committee (D&PSC) will have carriage of the data analysis, planning and service review processes for the Outreach programs

The D&PSC will:

- Identify opportunities for cross-organisation planning, coordination and issue resolution.
- Identify and seek to remove duplication of resources, effort and red tape by integrating outreach services with other relevant programs.
- Support the development and implementation of the annual Statewide needs assessment and Service Plan for each funded program through the contribution of, or signposting to, relevant data and other information.
- Provide advice as required on appropriate data collection methodologies and reporting frameworks.
- Identify priority locations across Queensland and provide advice in relation to appropriate models of service delivery for these locations.
3.0 REGIONAL APPROACH

CheckUP, in partnership with QAIHC, has established a regional structure to support the most equitable, efficient and effective delivery of services within each region and across Queensland.

Establishment of five regions

Five regions have been established in Queensland:

1. Far North Region
2. North West Region
3. Central Region
4. South West Region
5. South East Region

This structure is supported regionally by the role of the Regional Coordinator.

For a map and table outlining the Outreach Regions see Appendix 4 and Appendix 5

Regional Coordinators

To drive the ongoing effectiveness of the regional structure, Regional Coordinator positions are funded.

The primary purpose of the Regional Coordinator’s position is to manage and support the integrated and coordinated planning, delivery and monitoring of Regional Outreach Services.

The Regional Coordinator:

- Works with all relevant stakeholders to drive and support the use of a population health and needs based regional approach to plan, deliver and monitor services delivered under Commonwealth funded Outreach Programs.
- Liaise with and provide “on the ground” support for regional health service providers and key stakeholders.
- Leads the development of regional service delivery plans that align with identified population health needs.
- Monitors the implementation of Regional Outreach Services to ensure service delivery is culturally appropriate, efficient and effective.

A key component to the Regional Coordinator role is to support the operation of the Regional Planning and Coordination Committee (RPCC).
Regional Planning and Coordination Committees

Regional Planning and Coordination Committees (RPCCs) have been established in each region to support the governance, planning and delivery of services at a regional level.

The Committee will:

- provide advice on regional service planning and delivery issues, including:
  - regional health needs, priorities and corresponding service gaps
  - workforce supply versus community need and supplementary resources required
  - local community health trends
  - priority locations for services
  - appropriate models of service delivery
  - local infrastructure and equipment needs
  - opportunities to leverage off existing services and programs
  - service delivery and provider data - uptake and spread of services
  - monitoring and reviewing services to ensure compliance with local service schedules
- support and work collaboratively with the Regional Coordinator in the planning, delivery and review of Outreach Services delivered in the region.
- liaise with and provide “on the ground” support for regional health service providers and key stakeholders.
- provide regional endorsement of regional service delivery plans.

Membership of the Committees include regional representatives from:

- Community and Consumer groups
- Hospital and Health Services (HHSs)
- Primary Health Networks (PHNs)
- Community Controlled Health Services (CCHSs)
- Regional Aboriginal and Islander Community Controlled Health Organisations (RAICCHOs)
- Non-Government Organisations (NGOs)
- General Practice and
- Other key health service providers in the region
4.0 SERVICE PLANNING

To ensure current information about regional health needs and priorities are maintained, CheckUP and QAIHC are committed to an ongoing comprehensive consultation and population health planning process.

Needs Assessment and Consultation

Each year, working closely with stakeholders and providers, CheckUP and QAIHC continue to build knowledge about regional health needs and priorities to ensure Outreach Services are effective, efficient and culturally appropriate.

This process includes:

- the identification, assessment and review of regional needs;
- the review of services currently receiving funding; and
- the identification of new services

Opportunities to participate in the needs assessment and consultation process are made available to providers and stakeholders each year. The Regional Coordinators play a central role in coordinating this process in each region.

Regional Endorsement

Information obtained through the Needs Assessment and Consultation process is compiled and presented to the Regional Planning and Coordination Committee (RPCC). The role of the RPCC is to review and endorse the proposed Outreach Services Plan for the region. The Outreach Services Plan is a list of services that will be proposed to the Department of Health for funding each year.

Before endorsement, each RPCC will review the Outreach Service Plan to ensure the ‘What/How/and Who’ of the plan aligns with the identified need and priorities in the region. This involves assessing the proposed Outreach Services Plan based on the following criteria:

- What are the best services to address identified health priorities and need?
- How the services can be best delivered?
- Who is the best provider to deliver effective, efficient and culturally appropriate services?

Once the proposed Outreach Services Plan is endorsed at the regional level, CheckUP and QAIHC coordinate the appropriate governance and approval processes at the state and national level.
State and National Approval

CheckUP and QAIHC compile the five regionally endorsed Outreach Services Plans into one state wide Service Activity Plan for review by the State Advisory Forum (SAF) and approval by the Department of Health at both the state and national level.

Services approved through this process are called ‘Approved Services’. Only approved services can be funded for delivery through the Outreach Programs.
5.0 RECRUITMENT PROCESS

What is the recruitment process?

When recruiting services, the Outreach Services team will undertake the following steps:

1. Confirm the service at the particular location is an ‘approved service’.
2. Identify an appropriate facility for the service, based on the service need.
3. Work with the facility to identify the specific needs for the proposed service.
4. Identify a provider that meets the requirements of the proposed service.
5. Discuss the requirements of the service and the program with the provider.

This may include, but is not limited to:

- development of a premises agreement
- service and facility requirements
- overview of outreach programs e.g. funding program requirements and eligibility
- funding available to support the service
- reporting and payment processes
- Medicare and bulk billing
- Frequency of visits, number of clinical sessions to be delivered

6. Cost the service and discuss this cost of the service with the provider.
7. Offer the provider a contract for the service.
8. Request they complete an Outreach Registration Form.
9. Contract the provider for the service.
10. Regional Coordinator supports the provider to set up the service. This may include attending an orientation meeting with the facility.
6.0 PROGRAM FUNDING

Program funding is determined by the Service Delivery Standards as outlined by the Department of Health.

What can CheckUP fund?

Funding is available to cover out of pocket expenses relating to the following, where applicable (certain rates/fees apply):

- **Travel costs**: airfares, car hire, mileage for hire car, mileage for use of personal car, taxi hire
- **Accommodation** (per night)
- **Meal Allowance (per meal)**: Breakfast, Lunch, Dinner and Incidentals
- **Facility Fee (per day)** as required. As agreed by CheckUP.
- **Administration Support (daily rate)**: administrative costs associated with the delivery of Outreach Services, such as the organisation of appointments, processing of correspondence and follow-up with patients, at the Outreach location.
- **Professional Support (hourly rate)**: informal support provided by the visiting provider to the General Practitioner and/or other local Health Professionals.
- **Absence from practice allowance (hourly rate)**: a payment made to a non-salaried private health professional for time spent travelling to and from a location where they are providing a service.
- **Backfilling (public specialists only)**: the salary costs of backfilling salaried medical staff who provide approved Outreach Services.
- **Workforce support (hourly rate; case-by-case basis)**: under exceptional circumstances this payment may be available to private health professionals who provide outreach in RA4 (remote) and RA5 (very remote) to mainly Aboriginal and Torres Strait Islander communities. A workforce support payment may be paid in circumstances where; access to Medical Benefits Schedule (MBS) payments are not assured; and/or patient compliance with appointments is uncertain.
- **Upskilling**: informal or formal educational and upskilling activities that are provided at the Outreach Service location. (Optional - this is not a requirement for provider providing Outreach Services).
- **Locum support [VOS only] (hourly rate)**: locum support at the provider’s principal practice.
- **Student support [VOS only]**: travel costs, meal allowance, and accommodation support for accompanying final year optometry students.
- **Accompanying Health Professionals support [VOS only]**: travel costs, meal allowance, and accommodation support for accompanying staff with specific technical skills/qualifications.
- **Orientation visit**: travel and absence from practice allowances available for up to four hours for each new location.
- **Cultural awareness and safety training**: support to undertake this training, if required.
- **Equipment lease**: subject to approval.
- **Telehealth services**: hire of venue and equipment. Professional Support payment (if applicable) to cover the provider’s time.
Funding is not available to support expenses relating to:

- Elective cosmetic surgery
- Stand alone training
- Research activities
- Alternative health services: for example Chinese Medicine and Reflexology
- Capital expenditure for health service delivery
- Purchase of medical equipment
- Purchase or leasing a motor vehicle
- Salaries for Health Professionals
- Hospital services: patient care while in hospital
- Accompanying optical dispenser

**How are services costed?**

Services are costed by the Outreach Services team in consultation with the Provider prior to contracting a service.

A service cost represents ‘cost per visit’ amount that will be paid to a provider after a visit is delivered and on submission of a Location Visit Report (LVR). The cost per visit amount is included in the Provider’s contract.

Each service will be allocated a cost per visit amount. *Please note: up front lump sum payments are not made to providers for service delivery. Payments will only be made after a visit has been delivered and a Location Visit Report submitted.*

Several elements that are considered when costing a service include:

- **Base location** - the base location is the providers ‘home’ location. 
  *CheckUP uses the base location to calculate travel time and travel expenses (mileage, taxi, flights etc.)*

- **Service location** - the facility location is where the service will be delivered. 
  *CheckUP uses the service location to calculate travel time and travel expenses (mileage, taxi, flights etc.)*

- **Clinical sessions** - A clinical session is the amount of clinical time a provider spends at a facility. One clinical session is between 3.5 to 4 hours (half day). Two clinical sessions is 7 to 8 hours (full day) and so on. All services are allocated a number of clinical sessions. 
  *CheckUP calculates Meals, Administration and Professional Support costing allocations by the number of clinical sessions a Provider provides at a facility.*

- **Provider type** – the provider type (Specialist, General Practitioner, and Allied Health) determines the defined rates to be used to calculate service costings. 
  *CheckUP calculates Administration and Professional Support, Absence from Practice (travel time), and Workforce Support costing allocations based on the type of provider.*

Service costs are based on the certain rates / fees defined by CheckUP and the Department of Health as outlined in the Service Delivery Standards.
7.0 CONTRACTING

How services are contracted?

There are two components to each Outreach Contract:

- **Outreach Services Agreement** which outlines the roles and responsibilities of CheckUP and the Provider in delivering Outreach Services.

- **Service Schedule** which outlines the services to be delivered under the Outreach Services Agreement. An example of the service details table included in the Service Schedule is provided below.

Each line detailed in the Service details table represents a service.

**EXAMPLE ONLY**

**Service Details**

<table>
<thead>
<tr>
<th>Program</th>
<th>Region</th>
<th>Service number</th>
<th>Location</th>
<th>Health Professional</th>
<th>Number of visit per year</th>
<th>Clinical Sessions per visit</th>
<th>Cost per visit incl. GST</th>
</tr>
</thead>
<tbody>
<tr>
<td>RHOF</td>
<td>North West</td>
<td>RNW320</td>
<td>Mount Isa</td>
<td>Physician Endocrinology</td>
<td>7</td>
<td>2</td>
<td>$1,200.34</td>
</tr>
<tr>
<td>MOICDP</td>
<td>Central</td>
<td>MC210</td>
<td>Gladstone</td>
<td>Diabetes Education</td>
<td>10</td>
<td>2</td>
<td>$800.00</td>
</tr>
</tbody>
</table>

The service details are explained as follows:

- **Program** – Outreach Program that funds the service.
  
  *For example: Medical Outreach Chronic Disease Program (MOICDP), Rural Health Outreach Fund (RHOF), Healthy Ears – Better Hearing, Better Listening (HE-BH,BL) or Visiting Optometrists Scheme (VOS).*

- **Region** – the Outreach Region the location is in.

  *For example: Far North, North West, Central, South West or South East.*

- **Service Number** – a unique service number provided to each approved service. There are three components to a service number.

  *For example: using Service number RSW234*
  
  - \( R = \) the Program that provides funding for the service
  - \( SW = \) the region that location is in
  - \( 234 = \) a number allocated to the service specific to the Region and Program

- **Location** – the location where the funded service is to be delivered.

- **Health Professional** – the type of health professional service funded for delivery.
- **Number of visit per year** – the frequency of service visits

- **Clinical Sessions per visit** – the time spent at the facility delivering the visit.

  *For Example*
  
  - 1 clinical session = 3.5-4 hours
  - 2 clinical sessions = 7-8 hours

- **Cost per visit (Inc. GST)** – funding provided to the provider to deliver a visit.
What is the Contracting Process?

Provider completes and returns REGISTRATION FORM to CheckUP with requested documentation

CheckUP develops Contract (including the Service Schedule)

Two copies of the Contract are signed by the CheckUP Chief Executive Officer

Two copies of the Contract are posted to the Provider for signature

Provider reviews the contract and signs both contracts (as indicated) and return ONE copy to CheckUP.

CheckUP receives the contract and ensures appropriate documentation is provided. CheckUP undertakes follow-up as required

Once approved, CheckUP files the Contract in the provider’s file and updates the reporting system

Contract Variations
Regional Coordinator /Provider identifies a need for a contract variation and submits request to CheckUP

CheckUP updates the Contract (detailing changes to the Service Schedule) and develops the Contract Variation

Contract Variation is sent via email to Provider

Once approved, CheckUP files the Contract Variation in the Provider’s file and updates the Outreach reporting system

Requested documentation:
- Proof of registration /accreditation
- Appropriate Insurances

The contract includes:
- Outreach Services Agreement

Two copies:
- Copy for CheckUP
- Copy for Provider

Any questions regarding the contract can be directed to the Regional Coordinators or the Outreach Services team

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8.0 SETTING UP A SERVICE

Things to consider when setting up a service

Orientation visit

1. Make initial contact with the facility to introduce yourself and your service.

2. Identify key contacts and contact details for the service
   - nominated contact person at the facility
   - nominated contact person for the provider e.g. provider, receptionist etc.
   - nominate a cultural mentor (if appropriate)
   - Preferred method of contact – phone, email

Notes:
- It is recommended that all providers undertake an orientation visit prior to commencing a new service. Funding is available to support the travel expenses for this visit.
- Please let the Regional Coordinator know if you are undertaking an Orientation Visit. The Regional Coordinator will arrange for an Orientation visit to be added to the reporting system where a LVR can be submitted and appropriate payment can be made.

Organisation of visits

3. How many visits will be delivered as per your contract?
   - Number of contracted visits

4. How much clinical time will be provided on each visit?
   - Number of contracted clinical sessions
     - 1 clinical session (3.5-4 hours)
     - 2 clinical sessions (7-8 hours) etc.

5. When will the service commence?
   - Identify a start date
   - Schedule future visits
   - Discuss arrival and departure times

6. How long would you like appointments to be?
   - New clients
   - Existing clients

Referral Process

7. How will referrals be made?
   - Phone, Email, Fax

8. Who will take the referrals?
   - Facility, Provider

9. Where will the referrals be kept?
   - Electronic system, printed, stored on site

10. Will the appointment list be provided prior to a visit?
    - When and how will the list be provided?

11. Discuss strategies to maximise referrals

12. Discuss strategies to minimise DNA/No shows?

Resources

13. Identify the clinic room to be used
<p>| | |</p>
<table>
<thead>
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</thead>
<tbody>
<tr>
<td>14.</td>
<td>Clinic room set up (any special requirements)</td>
</tr>
</tbody>
</table>
| 15. | Will there be support available from the:  
|     | - Receptionist - to greet patients, manage appointments etc.  
|     | - Nurse and/or Aboriginal Health Worker  
|     | - Others |
| 16. | What equipment is available at the facility?  
|     | - What equipment is required for the service? |

### Software
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<tbody>
<tr>
<td>17.</td>
<td>Identify what software system is used by the facility?</td>
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<tr>
<td>18.</td>
<td>Are you familiar with the software system?</td>
</tr>
<tr>
<td>19.</td>
<td>Do you require training on the system?</td>
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</tbody>
</table>

### Medicare Billing
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<tbody>
<tr>
<td>20.</td>
<td>Organise a Medicare Provider number</td>
</tr>
<tr>
<td>21.</td>
<td>Who will provide the Medicare slips?</td>
</tr>
<tr>
<td>22.</td>
<td>Who will process Medicare claims?</td>
</tr>
</tbody>
</table>

**Premises Agreement**

From 1 July 2015 the Outreach Services Program requires service providers to engage in a Premises Agreement (e.g. Memorandum of Understanding, MOU) with the facility they are providing services into, as per the 2015 – 2016 Agreements.

The development of a mutually agreed Premises Agreement will establish a clear framework for service providers and facilities involved in the delivery of health services across Queensland. The document should clearly outline the roles, responsibilities and requirements of both parties to ensure safe and high quality health care can be achieved.

CheckUP, under the direction of the Clinical Governance Advisory Group, has developed a “checklist” of categories service providers and facilities may consider in the development of the documentation. The checklist is not exclusive and is only a guide for consideration in the development of mutually agreed clauses and process.

For a copy of the Checklist, see Appendix 6.

**Cultural Safety and Awareness**

Upon execution of an Outreach Service Contract and prior to the commencement of service delivery, all providers are required to obtain appropriate cultural safety and awareness training. This can include cultural awareness training conducted in a group or individual setting (face to face and/or online) or alternatively from extensive service delivery experience in Aboriginal and Torres Strait Islander communities.

CheckUP and QAIHC recommend the following online cultural awareness training module.

Cultural Mentor

A large percentage of Outreach services are delivered to Aboriginal and Torres Strait Islander people from health service facilities such as an Aboriginal Medical Service (AMS).

CheckUP and QAIHC encourage all Outreach health service providers to continually develop their knowledge in the area of Cultural Safety and Awareness. To complement the online and/or face-to-face training mentioned previously, CheckUP and QAIHC, with support from the Clinical Governance and Advisory Group (CGAG), recommend the use of a Cultural Mentor in each of the outreach service facilities where appropriate.

The Cultural Mentor will provide additional support to the visiting health service provider where questions or aspects of cultural consideration may arise. For example, a consideration that is specific to the facility/clinic or location which would not usually be covered in the annual online or face-to-face training.
9.0 OUTREACH REPORTING SYSTEM

An online reporting system has been developed to capture important information and data on services funded through Outreach.

All Health Professionals/Organisations who receive funding from CheckUP to deliver Outreach Services have an obligation to submit an online report after each visit. This report is called a Location Visit Report (LVR) and is accessible via the Outreach Reporting System.

What is a Location Visit Report?

A Location Visit Report (LVR) is a short online report that asks a set of standard questions about how the service was delivered. To assist Health Professionals/Organisations to collect this information on a visit, copies of the LVR questions can be made available prior to the submission of a LVR. Please contact your Regional Coordinator for a copy of the LVR questions.

Provider Role

The key tasks required to be undertaken by each Health Professional/Organisation in the reporting system are:

- **Setting visit dates** - Providers are required to submit visit dates 3-6 months in advance. This supports the planning and organisation of clinics for both the provider and the facility and enables CheckUP to monitor service delivery.
- **Submitting an LVR** - Providers are required to submit LVRs within two weeks of a visit. This will ensure prompt payment and enable CheckUP to monitor service delivery.
- **Monitoring Service Delivery** - Providers are required to ensure they are on track to deliver the services as outlined in the Service Schedule of their contract.

Providers are required to contact CheckUP if:

- a service or visit is unable to be delivered as contracted;  
  
  *CheckUP understands that circumstances arise that may impact on a provider’s ability to provide a service or visit. If advised, CheckUP is able to issue a “Variation” to the provider’s contract and re allocate surplus funding to supporting other valued services.*

- travel arrangements to the outreach location change; and

- changes to service needs are identified.
Login Details

Each Health Professional/Organisation requires a username and password to login to the online reporting system.

Login details are emailed to the nominated contact/s once the contract has been signed and returned.

Please note:

- Multiple people can be added as users. Each user requires a unique email address.
- The username and password is set and cannot be changed.
- If details are lost, forgotten or not working, please use the ‘forgotten password’ to retrieve login details. CheckUP does not have access to your login details but can request the system administrators to review the details.
- All users will receive invoices after LVRs have been submitted.

Access to the system

The Outreach Reporting System is accessible using the following link https://outreachservices.org.au

Useful Resources

A Podcast and User Guide have been developed to support Outreach Providers in accessing the system. These resources are available online via the CheckUP website available at http://www.checkup.org.au/page/Initiatives/Outreach_Services/Location_Visit_Reports/
10.0 PAYMENT PROCESS

What is the payment process?

After a visit, a Health Professional/Organisation has two weeks to log on, complete and submit an LVR for their visit. Once an LVR is submitted via the Online Reporting system, an invoice is automatically generated to CheckUP for payment. The Health Professional/Organisation will also receive a copy of this invoice via their nominated email address/es.

On receipt of this invoice, CheckUP will make payment within 30 days. A remittance advice will be sent to the Health Professional/Organisation’s nominated email address once paid.

Payment Details

During recruitment, each Provider/Organisation should have provided CheckUP with payment details as part of the information provided on the Outreach Registration Form.

Should payment details change, Providers/Organisation will need to submit a Change of Details form to the Outreach Services Team. This form is available on our website:

11.0 COMMUNICATION

Outreach Team

A member of the Outreach Services team can be contact via:

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aidan Hobbs</td>
<td>Business Lead</td>
<td><a href="mailto:ahobbs@checkup.org.au">ahobbs@checkup.org.au</a></td>
<td></td>
</tr>
<tr>
<td>Fran Keeble Buckle</td>
<td>Business Lead (Northern Qld)</td>
<td><a href="mailto:fkeebelbuckle@checkup.org.au">fkeebelbuckle@checkup.org.au</a></td>
<td></td>
</tr>
<tr>
<td>Elise Gorman</td>
<td>Business Coordinator</td>
<td><a href="mailto:egorman@checkup.org.au">egorman@checkup.org.au</a></td>
<td></td>
</tr>
<tr>
<td>Tennille Hutchinson</td>
<td>Business Coordinator</td>
<td><a href="mailto:thutchinson@checkup.org.au">thutchinson@checkup.org.au</a></td>
<td></td>
</tr>
<tr>
<td>Jacqui Hawgood</td>
<td>Business Coordinator</td>
<td><a href="mailto:jhawgood@checkup.org.au">jhawgood@checkup.org.au</a></td>
<td></td>
</tr>
<tr>
<td>Jenny Ludgater</td>
<td>Business Coordinator</td>
<td><a href="mailto:jludgater@checkup.org.au">jludgater@checkup.org.au</a></td>
<td></td>
</tr>
<tr>
<td>Sulu Malau</td>
<td>Business Coordinator</td>
<td><a href="mailto:smalau@checkup.org.au">smalau@checkup.org.au</a></td>
<td></td>
</tr>
<tr>
<td>Adriana Fabrizio</td>
<td>Business Officer</td>
<td><a href="mailto:afabrizio@checkup.org.au">afabrizio@checkup.org.au</a></td>
<td></td>
</tr>
<tr>
<td>Liz Rye</td>
<td>State Manager Regional Projects</td>
<td><a href="mailto:liz.rye@qaihc.com.au">liz.rye@qaihc.com.au</a></td>
<td>Mobile: 0429 501 784</td>
</tr>
</tbody>
</table>

Regional Coordinators

Regional Coordinators are located within each region and are hosted by key regional stakeholders.

<table>
<thead>
<tr>
<th>Regional</th>
<th>Name</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Far North</td>
<td>Debbie Erswell</td>
<td><a href="mailto:derswell@checkup.org.au">derswell@checkup.org.au</a></td>
<td>Mobile: 0488 499 696</td>
</tr>
<tr>
<td>North West</td>
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<td>Mobile: 0439 015 711</td>
</tr>
<tr>
<td>Central</td>
<td>Anita Williams</td>
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<td>Mobile: 0428 449 270</td>
</tr>
<tr>
<td>South West</td>
<td>Nigel Daisy</td>
<td><a href="mailto:Nigel.Daisy@qaihc.com.au">Nigel.Daisy@qaihc.com.au</a></td>
<td>Office: 07 3328 8585</td>
</tr>
<tr>
<td>South East</td>
<td>Sarah Duke</td>
<td><a href="mailto:Sarah.Duke@iuhi.org.au">Sarah.Duke@iuhi.org.au</a></td>
<td>Mobile: 0432 628 648</td>
</tr>
<tr>
<td>Auxiliary</td>
<td>Tony Coburn</td>
<td><a href="mailto:Tony.Coburn@qaihc.com.au">Tony.Coburn@qaihc.com.au</a></td>
<td>Office: 07 3328 8513</td>
</tr>
</tbody>
</table>

Contact details current as at 21 November 2016

Monthly Outreach e-bulletin

Each month, the CheckUP Outreach team distributes an electronic newsletter to providers and stakeholders called ‘Reaching Out’. Providers and stakeholders are encouraged to read through the newsletter each month to keep up to date with key information, reporting updates, recruitment updates, upcoming events and key outreach developments.

To receive the newsletter email your details to outreachservices@checkup.org.au.
12.0 APPENDICES

Appendix 1

Project Governance Framework

**PROJECT GOVERNANCE FRAMEWORK**

**STATE ADVISORY FORUM (DoHA)**

- **QATSHP**

**GOVERNANCE**

- **Outreach Services Project Governance Committee**
  - CheckUP (Lead) + QAIHC + Medicare Local + RAACCHOs + nominated delegates

- **Financial Governance Sub Committee**

- **Planning, Data and Delivery Sub Committee**

- **Fund Holder Clinical Governance Sub Committee**

**STRATEGIC**

- **Regional Coordination and Planning Committee**
  - Medicare Local (Lead) + RAACCHOs + HHS + Service Organisations/Providers

**SERVICE DELIVERY**

- **General Practice**
- **Aboriginal and Islander Community Controlled Health Services**
- **Hospital and Health Services**
- **Non-Government Organisations and Service Providers**

**ABBREVIATIONS**

- **QATSHP** - Queensland Aboriginal and Torres Strait Islander Health Partnership
- **QAIHC** - Queensland Aboriginal and Islander Health Council
- **RAACCHOs** - Regional Aboriginal and Islander Community Controlled Health Organisations
- **HHS** - Hospital and Health Service
- **ACCHOs** - Aboriginal and Islander Community Controlled Health Organisations
Appendix 2

Feedback Policy

1. INTRODUCTION

CheckUP is committed and involved with the establishment, implementation and review of a customer focused, and continually improving business environment. We welcome feedback and shall accept feedback up to three months after occurrence of the event.

2. PURPOSE

This policy aims to identify service improvements, increase customer satisfaction, strengthen customer input into our services, acknowledge areas of excellence and respond effectively and independently to feedback provided.

3. PRINCIPLES

The core principles of an effective feedback system are:

- Visibility – the feedback system needs to be promoted and publicised internally and externally.
- Access – Service Providers, Stakeholders and Service Recipients should have easy access to information about how to provide feedback.
- Responsiveness – all complaints will be responded to quickly and within specified time targets and all other feedback will be acknowledged within specified time targets.
- Accountability – regular reporting on the feedback process against performance standards.

4. COMPLIMENTS

There are occasions when CheckUP is complimented on the services we provide. These occasions highlight where we have met or exceeded the expectations of our Service Providers, Stakeholders and Service Recipients. Compliments provide a very clear indication of what Service Providers, Stakeholders and Service Recipients value about CheckUP and the work we do. Information about the compliments we receive often goes unrecognised because unlike complaints, compliments require little action on our part.
Recording information about the compliments that we receive serves the following purposes as it:

- indicates which aspects of our service, Service Providers, Stakeholders and Service Recipients value;
- helps CheckUP to build a balanced picture of how our service impacts on our Service Providers, Stakeholders and Service Recipients;
- gives CheckUP the chance to share and reinforce among managers and staff examples of good practice in customer service; and
- helps to build morale and provide due recognition for a job well done.

5. WHAT IS A COMPLAINT OR AN INCIDENT

A complaint is defined as an expression of dissatisfaction with a service offered or provided, or a concern regarding some aspect of the health service that requires a response.

An incident is defined as an event or action that staff, clinicians or consumers identify and threatens the safety of the service recipient and/or the professional integrity of the service provider or health professional.

We encourage feedback about our services by promoting the feedback process on our website.

6. WHO CAN PROVIDE FEEDBACK

Service Recipients, Service Providers, Stakeholders and other interested parties can provide feedback which may constitute a compliment, complaint, incident or combination of these.

7. MANAGEMENT REVIEW

CheckUP acknowledges the need to conduct an audit annually, review processes, analyse data and evaluate performance to measure suitability, adequacy, effectiveness and efficiency of its feedback process for continuous improvement.

Regular satisfaction surveys and discussion forums, capture compliments and complaints ready for processing of these records into our feedback records. Our feedback process is promoted on our website.

8. MONITORING PERFORMANCE

CheckUP monitors its performance through the collection of data reported in its monthly review and annual internal audit reviewed by Management.

9. HOW TO PROVIDE FEEDBACK

CheckUP welcomes all feedback, positive or negative, about the service received from and/or experience with CheckUP. While it is nice to receive positive feedback, if we are doing anything that can be improved, we want to know about it. Feedback can be provided through the team that works with the Service Provider, Stakeholder or Service Recipient or by contacting CheckUP directly (contact details as per below).

All information about the Service Provider, Stakeholder or Service Recipient and the person providing the feedback (where they are different) and your complaint will be treated with the utmost confidentiality, however it may be necessary to release some details in order to properly investigate the feedback.
The Service Provider, Stakeholder or Service Recipient is welcome to invite a person of their choice to assist them through the feedback process.

Providing feedback is a simple process. The options include:

1. **Talk with someone at CheckUP, either in person at our office:**
   
   **Level 2/55 Russell Street, South Brisbane or phone 3105 8300**

   OR

2. **Put the feedback in writing.** A “Feedback Form” can be completed or feedback can be provided via a written letter. CheckUP staff can be asked to assist with locating the feedback form or advising on how to submit the feedback. Provide the letter or form to any CheckUP staff member or mail to:

   **CheckUP Australia, PO Box 3205, South Brisbane Qld 4101**

   OR

3. **Go to: [http://www.checkup.org.au](http://www.checkup.org.au), complete the online Feedback Form, then submit it to CheckUP via our website and mark to the attention of D Wilson in the subject line.**

If a Service Provider, Stakeholder or Service Recipient is not able or comfortable providing feedback directly to CheckUP, we are happy to accept feedback from an advocate on their behalf.

Feedback should include:

- i. the compliment/complaint/incident – which product/service, when the event occurred, how it affected the Service Provider, Stakeholder or Service Recipient and which steps have been taken; and

- ii. name and postal address for correspondence - if you would like your compliment/complaint/incident to be acknowledged/followed-up directly with you, then please provide your name and postal address as we are unable to respond directly to your feedback without this information.

- iii. the outcome sought.

**Note:** – we may need to involve other people in our investigation process, but would do so where it was necessary and reasonable in the circumstances, which would include taking into consideration any objection from the Service Provider, Stakeholder or Service Recipient or their representative to which the feedback relates
10. WHAT HAPPENS NEXT?

- When feedback is received by a staff member, this is then communicated to Senior Management to be acknowledged or actioned.
- Details of the feedback are recorded in our Customer Relationship Management Database (CYNDI).
- Acknowledgement of the communication with us.
- Conduct an initial assessment of the feedback.
- Investigate the matter, where necessary.
- Where contact details are supplied - communicate with the person who provided the feedback about our decision on the matter and the reason for the decision, where this is necessary for the nature of the feedback.
- Discuss proposed and actual actions and offer a remedy if applicable.
- Where applicable, take corrective and/or preventative actions to proactively improve CheckUP’s records and practices.
- Where applicable, reflect on the process and initiate changes aimed at cultural change.
Appendix 3

Work Health and Safety Statement

The Queensland Government has introduced new work health and safety legislation Work Health and Safety Act and Regulations 2011. The Act and Regulations became effective on 1 January 2012.

Contractors

Under the Act, workers are defined as employees, contractors, subcontractors, outworkers, apprentices and trainees, work experience students, volunteers and individuals (if they are self employed).

There is a new term for the principal and or employer – the person conducting a business or undertaking, referred to as the PCBU. General Practice Queensland trading as CheckUP is the PCBU for the purposes of this statement and the contractor/principal basis to the work being undertaken, except where the work is being undertaken at a location or site where the duty or obligations for Work Health and Safety become those of the PCBU at the site.

The legal obligations and responsibilities of workers under the Act are as follows:

- To take reasonable care and to work safely without risking the safety and health of oneself or others (Section 28).
- Comply, follow and participate in Work Health and Safety orientation, training, information, processes and instructions as directed by the PCBU and or an external government inspector.
- Comply and understand the Work Health and Safety policy and procedures of the workplace as instructed by the PCBU.
- If an unsafe, hazardous work practice is occurring in the workplace, to cease work or refuse to carry out the work (Section 84) until the hazard or risk is corrected.
- To notify report on and document any Work Health and Safety issue, incident, hazard or risk in the process prescribed by the PCBU. This includes the notification of a serious workplace injury, illness or death to the PCBU that results in:
  - Immediate hospital treatment as an in-patient
  - Immediate medical treatment for injuries (e.g. amputation, scalping, a spinal injury, loss of a bodily function or a serious laceration, burn, head or eye injury),
  - Medical treatment within 48 hours of exposure to a substance.

A serious illness (Regulation 669) is any infection to which the carrying out of work is a significant contributing factor, including any infection that is reliably attributable to carrying out work:

- with micro-organisms
- that involves providing treatment to a person
- that involves contact with human blood or body substances, or
- involves handling or contact with animals, animal hides, skins, wool or hair, animal carcasses or animal waste products.

Notice of an incident must be given by the fastest possible means. If notice is given by telephone, the Workplace Health and Safety Office of the Queensland Government may request a written notice of the incident. This must be provided within 48 hours of the request.

The person with management or control of a workplace, including any site or location of the Contracted Services provided, at which a notifiable incident has occurred, must ensure the site of the incident is not disturbed until an inspector arrives at the site or directs otherwise. This does not prevent any action required to protect a person’s health or safety, help someone who is injured or make the site safe.
Appendix 4
Outreach Region Map
### Appendix 5

#### Outreach Regions

Outreach Regions and the corresponding Primary Health Network/s, Hospital and Health Service/s and Regional Aboriginal and Islander Community Controlled Health Organisation/s.

<table>
<thead>
<tr>
<th>Outreach Regions</th>
<th>Primary Health Networks</th>
<th>Hospital and Health Services</th>
<th>Regional Aboriginal and Islander Community Controlled Health Organisations</th>
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</thead>
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<tr>
<td>Far North</td>
<td>• Northern Queensland</td>
<td>• Torres and Cape</td>
<td>• Northern Aboriginal and Torres Strait Islander Health Alliance</td>
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<tr>
<td></td>
<td></td>
<td>• Cairns and Hinterland</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Townsville</td>
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<td></td>
<td>• Mackay</td>
<td></td>
</tr>
<tr>
<td>North West</td>
<td>• Western Queensland <em>(part of)</em></td>
<td>• North West</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Central West</td>
<td></td>
</tr>
<tr>
<td>Central</td>
<td>• Central Queensland and Sunshine Coast</td>
<td>• Central Queensland</td>
<td>• Central Queensland Regional Aboriginal and Islander Community Controlled Health Organisation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Wide Bay</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Sunshine Coast</td>
<td></td>
</tr>
<tr>
<td>South West</td>
<td>• Western Queensland <em>(part of)</em></td>
<td>• Darling Downs</td>
<td>• Central Queensland Regional Aboriginal and Islander Community Controlled Health Organisation <em>(part of)</em></td>
</tr>
<tr>
<td></td>
<td>• Darling Downs and West Moreton <em>(part of)</em></td>
<td>• South West</td>
<td></td>
</tr>
<tr>
<td>South East</td>
<td>• Brisbane North</td>
<td>• Metro North</td>
<td>• Institute for Urban Indigenous Health</td>
</tr>
<tr>
<td></td>
<td>• Brisbane South</td>
<td>• Children’s Health Queensland</td>
<td></td>
</tr>
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<td>• Gold Coast</td>
<td>• Metro South</td>
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<tr>
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<td>• Darling Downs and West Moreton <em>(part of)</em></td>
<td>• West Moreton</td>
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<td></td>
<td></td>
<td>• Gold Coast</td>
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Appendix 6

Premises Agreement Checklist

From 1 July 2015 the Outreach Services Program will require service providers to engage in a Premises Agreement (example MOU) with the facility they are providing services into, as per the 2015 – 2016 Agreements.

The development of a mutually agreed Premises Agreement will establish a clear framework for service providers and facilities involved in the delivery of health services across Queensland. The document should clearly outline the roles, responsibilities and requirements of both parties to ensure safe and high quality health care can be achieved.

CheckUP, under the direction of the Clinical Governance Advisory Group, has developed a “checklist” of categories service providers and facilities may consider in the development of the documentation. This list is not exclusive and is only a guide for consideration in the development of mutually agreed clauses and process.

Facility Orientation
- Introduction to facility staff
- Overview and training of systems, bookings etc.
- Workplace Health and Safety
- Clinical Service Capability (what is the facility accredited to deliver e.g. Primary health care services to adult patients)
- Governance overview
- Local contact person (Practice Manager, CEO or Lead Clinician) if any operational or clinical issues arise (e.g. a clinical incident).
- Cultural competency expectations
- Availability of Aboriginal Health Worker support or chaperones
- Close the Gap initiatives (where relevant e.g. CTG PBS program)
- Knowledge of appropriate legislation (including Child Safety)
- Knowledge of appropriate referral pathways – local HHS
- How to access emergency medical care if required
- How to access security if there is a threat to personal safety

Clinical Governance
- Incident and adverse event handling
- Infection Control procedures
- Medical records – Will these be stored on the facility’s medical record system or the provider’s medical record system?
- Confidentiality, information privacy and informed consent procedures
- Handover - How will handover of patient care back to primary care provider occur after the provider has finished their consultation? (e.g. letter)
- Follow up – How will pathology, radiology and other test results be followed up and reported back to patient’s primary care provider.
- Follow up – How will patients be followed up if they miss or cancel their appointment. Whose responsibility will this be?
- Referral Criteria – Can this service/s receive external referrals?
Clinical audit procedures
CQI program and Clinical Governance framework (where applicable)
Patient feedback mechanisms
Patient records
Credentialing and scope of practice requirements including
Minimum requirements (equipment, support) to ensure service provider can deliver necessary service

Workplace Health and Safety
Access to first aid kit
Safe and secure environment

Facility Fee – will it be charged and what will it include
Clinical data system
Patient records
Internet access
Equipment use
Access to treatment room
Consumables
Administration support for patient appointments and MBS billing
Patient transportation
Clinical staff and health worker support

Patient Management
Booking and confirming appointments
MBS claiming
Referral process and follow up
Follow up on patient test results
Nursing support.
Aboriginal Health worker support.
Medicare item numbers for nursing, or aboriginal health worker support – will these go to the practice or the provider.
Financial responsibility for patients who DNA and mechanisms in place to support attendance at appointments.