

# Outreach Health Services

## HEALTH SERVICE AGREEMENT CHECKLIST

This Health Service Agreement is made between the following parties:

### Health Service Details:

Name of person completing this form	
Health Service	
Address	
Telephone	

### Health Provider Details:

Name of person completing this form	
Organisation	
Address	
Telephone	

## Purpose

The development of a mutually agreed *Health Service Agreement* will establish a clear framework for service providers and facilities involved in the delivery of health services across Northern Territory. This document clearly outlines the roles, responsibilities and requirements of both parties to ensure safe and high quality health care can be achieved.

This agreement is a living document and can be adjusted at any time through further joint discussion between the host health service and the provider.

Northern Territory PHN (NT PHN) have developed this document for the Outreach Health Services Program. NT PHN recommend that visiting service providers and host health centres engage in the development of a Health Service Agreement.

<b>Health Service Orientation</b>		
<b>Introduction to Facility Staff</b>	Yes	No
<i>List main contact details e.g. Practice Manager/CEO</i>		
<b>Community Orientation complete</b>	Yes	No
Overview of booking and confirming appointments		
<b>Training in system use provided</b>	Yes	No
<i>Notes</i>		
<b>Workplace Health and Safety Overview</b>	Yes	No
<i>E.G, Access to first aid kit/ Safety and security whilst in community</i>		
<b>Cultural Competency Training undertaken</b>	Yes	No
<b>Cultural Competency Expectations</b>		
<i>List training courses undertaken i.e. Cultural Awareness</i>		
<b>Availability of Aboriginal Health Worker support and cultural liaison</b>		
<b>Knowledge of appropriate legislation (including Child Safety)</b>	Yes	No
<b>Referral Pathways</b>		
<i>Please outline process</i>		
<b>Access to emergency medical care</b>		
<i>To discuss process</i>		
<b>Personal safety and security</b>		
<i>To discuss process</i>		

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<i>Clinical Governance</i>		
<b>Incident and adverse event Handling</b>		
<i>To discuss process</i>		
<b>Infection Control Procedures</b>		
<i>To discuss process</i>		
<b>Medical Records- Will these be stored on the facilities medical records</b>	Yes	No
<b>PCIS</b>	Yes	No
<b>EACS</b>	Yes	No
<b>COMMUNICARE</b>	Yes	No
<b>MEDICAL DIRECTOR</b>	Yes	No
<b>OTHER</b>		
<i>Notes</i>		
<b>Confidentiality, information privacy and informed consent procedures</b>		
<i>To discuss process</i>		
<b>Clinical or administrative enquiries, planning or concerns</b>		
<i>To discuss process</i>		
<b>Handover - How will handover of patient care back to primary care provider occur after the provider has finished their consultation? (e.g. letter)</b>		
<i>To discuss process</i>		
<b>Follow up – How will pathology, radiology and other test results be followed up and reported back to patient’s primary care provider.</b>		
<i>To discuss process</i>		
<b>Follow up – How will patients be followed up if they miss or cancel their appointment. Whose responsibility will this be?</b>		
<i>To discuss process</i>		

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**Target groups/ activities and outcomes for the next 6 months**

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**Other points for discussion**

Professional specific clinical Issues:

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**Authorisation**

Health Service Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Health Provider Name : \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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