

Outreach Health Service - Outcome Report

Outcome Reports (OR) enable Northern Territory PHN (NT PHN) to monitor and respond to the opportunities and challenges experienced by a service provider. ORs are reviewed, approved and monitored weekly by NT PHN's Outreach Health Services team to enable continuous service improvements. The collected data is also reported to the Australian Government Department of Health and health services to inform service planning; it is therefore essential that providers include detailed data in their ORs.

Name and speciality	
Contractor:	
Service Number: <i>** Administration only</i>	
Visit ID: <i>** Administration only</i>	

Location and date of outreach visit	
Site Location:	
Date of service visit:	
Accompanied by other Service Provider(s): <i>** Please list full name(s)</i>	

Service provision	
Total number of patients seen during this visit/service:	
Number of patients seen who were Aboriginal or Torres Strait Islander:	
Number of Aboriginal and Torres Strait Islander clients aged 50 and over:	
Number of new referrals:	
Total number of individual client drop ins:	
Service delivery (select all that apply):	<input type="checkbox"/> Chronic Condition <input type="checkbox"/> Social and emotional wellbeing <input type="checkbox"/> Nutrition <input type="checkbox"/> Lifestyle coaching <input type="checkbox"/> Other (please specify)
If other, please specify:	

Participants
<input type="checkbox"/> Individual Home visits <input type="checkbox"/> Individual in health centre <input type="checkbox"/> Individual in other location
<input type="checkbox"/> Coordination of individual care

Upskilling (select all that apply)	
<input type="checkbox"/> Aboriginal health worker <input type="checkbox"/> Remote area nurse <input type="checkbox"/> Chronic care coordinator <input type="checkbox"/> GP/remote area medical practitioner <input type="checkbox"/> Student <input type="checkbox"/> Other (please specify)	
If other, please specify:	
Provide description:	
Did you experience any issues/ barriers in providing a service at this location?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe:	
Any further comments:	

Suggestions and general comments	
Service system & quality of care improvements:	
Travel and logistics:	
Other comments on the service (please share your good news stories if you have any from this visit):	

Declaration	
<p>The information we collect on this form will be used by us to reply to the feedback you have provided. It may be disclosed to third parties where it is required or allowed by law or where you have otherwise consented.</p> <p>As authorised to upload this information on behalf of the service provider, I declare that the above information to be true and correct.</p>	
Submitted by:	Date: