Specialist and Clinical Services Outreach PHC Remote Guideline

Target Audience	All Clinical Employees
Jurisdiction **Jurisdiction Exclusions**	Primary Health Care Remote CAHS; Primary Health Care Remote TEHS N/A
Document Owner	Kerrie Simpson Atlas Development Officer Primary Health Care Remote CAHS
Approval Authority	Chair Primary Health Care Executive CAHS; Primary Health Care Safety and Quality Committee TEHS
Author	PHC Quality and Safety Team

The attributes in the above table will be auto-filled from the PGC System. Do not update in this document.

Purpose

To provide Primary Health Care remote staff and Specialist and Clinical Services Outreach Service Providers with a guideline on the management and processes related to providing outreach visits to remote health centres.

Guideline

1. General Information

The contribution of Specialist and Clinical Services Outreach Services is an integral component of Primary Health Care (PHC). While these outreach visits to remote Northern Territory (NT) communities may be infrequent they provide the benefit for clients to be reviewed in their own community. Additionally outreach visits provide the opportunity for communication between the Service Provider and health centre clinical staff and upskilling opportunities.

The client must be aware of and involved in the management of their condition and to facilitate this the PHC team will often advocate for and support client involvement with Service Providers during all stages of the Service Provider review process.

Specialist Outreach NT (SONT) is the business unit providing logistical coordination for visiting Specialist and Clinical services to remote health centres in addition to regional hospitals NT-wide. For visiting services available see the Specialist Outreach NT (SONT) webpage.

The Northern Territory Primary Health Network (NTPHN) Outreach Health Services Program also funds and coordinates many Allied Health Professionals to augment the services that are offered in remote health centres for clients with diabetes; cardiovascular disease; chronic respiratory disease; chronic renal (kidney) disease; and cancer. For further information on these services, see Information Sheet – Outreach Health Services Program to Remote Health Centres. The NTPHN Outreach Health Services Program may be contacted on phone: 08 8982 1000. These visits are on the combined Medical Services Visit Calendar (internet).

The SONT team have developed a number of powerful tools to assist in planning and scheduling of Specialist and Clinical services Outreach visits. SONT was very mindful of the potential value to PHC Services by enabling better planning and monitoring of visiting services:

- VisitPoint (intranet) is a real time calendar of planned outreach visits allowing searches by location and service type
- A combined Medical Services Visit Calendar (internet), including all SONT planned visits, oral health, hearing health and allied health organised by NT Public Health Network (NTPHN), allowing searches by location and service type
- Charter Point (intranet) is a real time calendar of current charters across the NT allowing searches by location enabling charter sharing opportunities.

SONT may be contacted as a liaison point for current information on Service Providers on e-mail:

SONT.DHF@nt.gov.au | phone: (08) 8999 2518

2. Definitions

Electronic Health Record (EHR): a systematic collection of electronic health information about individual clients. The EHR is the **primary** health record into which client personal and health data must be entered.

RMP – **R**ural **M**edical **P**ractitioner for the community. This may be a resident RMP or an RMP fly-in / fly-out service or working off site.

Service Provider: a range of Specialist and Clinical services providing outreach visits to remote health centres.

3. Procedure

There are four distinct phases to a successful outreach service. These include:

- annual planning: visit frequency based on a needs analysis
- pre-visit planning: communication and coordination between PHC and the service provider
- outreach visit: collaboration between PHC and the service provider during the visit
- review, follow-up and referral status: communication between the service provider and PHC regarding ongoing care requirements.

3.1 Annual Planning

A needs analysis, based on population, disease prevalence and current referral status is used to plan visit frequencies on an annual cycle. This is completed by the Program area (eg Renal, Ophthalmology, etc). A proposed visit schedule is then referred to the health centre PHCM for scheduling confirmation.

Once the Program area confirms the visit schedule, SONT updates the VisitPoint Site and Medical Services Visit Calendar (internet).

The PHCM / delegate should inform the RMP and PHC team of dates of planned outreach visits by usual health centre mechanisms, eg visit schedules displayed in the meeting room.

3.2 Pre-Visit Planning

One month prior to the planned visit the PHCM in consultation with the RMP and Program area must review the potential client list to decide whether the Outreach visit is necessary. The Progam area must notify SONT in the event the visit is unnecessary.

When the Outreach visit is confirmed, a list of clients to be seen during the visit should be agreed and confirmed with the RMP / Program area and PHCM / delegate. The PHCM / delegate should ensure all investigations required for the client (eg pathology) are completed and results available to the Service Provider during the outreach visit.

Approximately two (2) to three (3) weeks prior to the Outreach visit, SONT will finalise logistics for the trip. An itinerary with visit timing, Service Provider names and positions is sent to all stakeholders.

3.2.1 Service Provider

The Service Provider:

- must complete the Application for EHR Access (PCIS / EACS) and undertake appropriate training if not previously completed prior to commencing outreach visits
- when relevant, maintain and generate a list of clients requiring ongoing follow-up
- utilise and promote approved clinical protocols, eg use of the Central Australian Rural Practitioners Association (CARPA) Standard Treatment Manual (STM) where possible

3.2.1 Referral of Clients

It is important to maximise the Outreach visit and facilitate referral of appropriate clients for review. For example clients with a chronic disease are managed by the RMP and do not necessarily require Specialist review. The RMP refers clients who require additional Specialist input into their medical management.

A current RMP referral must be available for a Specialist Outreach visit. Other Service Provider referrals will be made as required. A referral remains current for a calendar year. This should be completed prior to the Outreach visit and is provided using the EHR referral system. Every client should be given the opportunity for a RMP review prior to seeing a specialist. Where this is not possible a referral should be completed by the RMP noting that they have not clinically reviewed the client themselves.

After the referral letter is written a recall is entered onto the client's EHR for that particular Service Provider. Some Service Providers may also have a list of clients requiring follow-up consultations.

A list of clients referred to the various Service Providers should be maintained at the health centre. This may be a hard copy of the referral stored in an Outreach visit folder.

The EHR recall list should be reviewed by the PHCM prior to the Service Providers visit. The RMP should be consulted and may chose to highlight high priority cases.

There may be instances where a client presents to the health centre during a Specialist Outreach visit, and it is opportune for the client to be seen. An effort should be made to obtain a referral from an RMP whenever possible.

3.2.2 Community / Client Notification and Preparation

Health centre staff should inform the community of the planned Outreach visit and remind clients of their appointment. The visit should be promoted in the community and a notice should be displayed in the health centre. When appropriate the visit may be promoted by displaying notices at strategic positions in the community eg council office and community store.

To facilitate an effective and efficient visit, clients on the Service Providers visit list should be asked to attend the health centre prior to the Outreach visit for any pre-work required such as pathology, so that results will be available for the consultation.

Note: If the Outreach visit needs to be cancelled in the event of sorry business, heavy rain, etc notices must be displayed in the health centre and community and relevant town-based staff must be notified to cancel arrangements.

3.3 Outreach Visit

The PHCM / delegate should ensure the logistics of the Service Providers visit are attended. This includes:

- collection from the airfield and accommodation as required
- consulting room/s should be allocated which has computer access to the EHRs
- room/s for specialised equipment eg echo cardiograph or ultrasound
- orientation to the health centre facility (eg kitchen, toilet, etc) as required

To facilitate an effective Outreach visit, health centre staff should ensure an efficient flow of clients for consultation, including:

- assign a dedicated driver where possible to remind / collect clients on the day
- where possible assign a staff member to work with the Service Provider throughout the visit

- provide clinical assistance as required
- support the visiting Service Provider with any cultural or language issues that may arise

3.3.1 Service Provider

During the community visit the Service Provider **must**:

- document the consultation in the client's EHR at the time of the consultation
- communicate with the PHCM / delegate if any follow-up management is required for the client prior to departing from the health centre
- ensure they have sufficient information for their follow-up letter / report

Visiting Specialists are encouraged to contact the RMP for any important issues or those requiring immediate attention or action at the time of the visit.

3.3.2 Staff Training Opportunities

Outreach visits provide upskilling opportunities for health centre clinical staff. The PHCM / delegate should consider upskilling requirements and negotiate provision of training with the Service Provider where timing during the visit allows. There may also opportunities for upskilling for health centre staff supporting the Service Provider during or following client consultations.

3.4 Review, Follow-up and Referral Status

3.4.1 Service Provider

Following the community visit:

- in the event a comprehensive clinical note has not been included in the EHR, provide a letter / report for every client consultation within two weeks of the visit. Ensure that the adressees for the letter / report includes the health centre and referring Medical Officer.
- make recommendations regarding ongoing medical management and changes to medications where required, to be detailed in the letter / report
- facilitate client referral within their scope of practice where required, ensuring the RMP is aware of the referral
- provide copies of all specialist to specialist communication to the relevant PHCM and RMP
- complete the SONT Clinical Visit and Service Activity Report as required

3.4.2 Planning and Travel Coordinator

SONT: Maintains the SONT Clinical Visit and Service Activity Report data for reporting purposes.

NTPHN: Service providers complete reporting requirements as per NTPHN requirements and these are also collated by SONT.

3.4.3 Primary Health Care Manager / Delegate

Following the Service Providers visit, client management should be actioned as necessary. In consultation with the RMP, this may include:

- recall information updated on the EHR
- rural prescriptions updated and sent to the relevant pharmacy
- Patient Travel (PATS) arrangements facilitated as required
- Telehealth arrangements as required
- facilitate family conferences as required

3.4.4 Rural Medical Practitioner

Following the Service Providers visit, the RMP processes the consultation letter / report and updates the client EHR accordingly. This includes:

- updating the problem list, rural prescriptions, recall and any other changes as required
- communicating the current management plan to the PHCM,PHC team and families as needed

Note: the PHC Director of Medical Services provides leadership to RMP's to ensure Specialist Outreach issues are addressed and managed appropriately.

3.5 Electronic Health Record Systems

The EHR used within the DoH health centres is the primary health record and must be used to record all client consultations. Service Providers conducting consultations in these health centres **must** apply for User Access (PCIS / EACS).

Specialist / other Service Provider letters / reports may be sent and received electronically as follows:

- **PCIS:** via a 'discharge referral' (Secure Electronic Messaging Service (SEMS) Inbox message) from the hospital. These will be received as an unassigned message.
- **EACS:** via e-mail

Specialist / other Service Provider letters / reports received in hard copy must be scanned into the individual client record as described in Electronic Health Records Overview.

Document Quality Assurance

	Method	Responsibility
Implementation	Document will be accessible via the Policy Guidelines Centre and Remote Health Atlas	Health Policy Guidelines Program Atlas Development Officer, Primary Health Care CAHS
Review	Document is to be reviewed within three years, or as changes in practice occur	Atlas Development Officer, Primary Health Care CAHS
Evaluation	Evaluation will be ongoing and informal, based on feedback.	Atlas Development Officer, Primary Health Care CAHS

Key Associated Documents

Forms	East Arnhem Communicare System (EACS) User and WebClient Access Form Primary Care Information System (PCIS) User Access and WebClient Form Referral Template, available electronically in PCIS / EACS SONT Clinical Visit & Service Activity Report, *available from the Supervisor SONT via the above contact information*
Key Legislation, By-Laws, Standards, Delegations, Aligned & Supporting Documents	Section 250 NT MPTGA PHC Remote Guideline Electronic Health Records Overview PHC Remote Guideline Electronic Health Records User Access PHC Remote Guideline Telehealth Specialist Consultation PHC Remote Guideline Information Sheets: Specialist and Clinical Service Providers Visits to Remote Health Centres and Coordination of Care PHC Remote Information Sheet Outreach Health Services Program to Remote Health Centres

	Specialist Outreach NT (SONT) (internet) Medical Services Visit Calendar Specialist Outreach Northern Territory (intranet) VisitPoint Specialist Outreach Northern Territory (SONT) website Northern Territory Public Health Network (NTPHN) Secure Electronic Messaging Service (SEMS) Patient Travel website NT Medicines, Poisons and Therapeutic Goods Act Primary Care Information System (PCIS) Website East Arnhem Communicare System (EACS) Website
References	As Above

Evidence Table

Reference	Method	Evidence level (I-V)	Summary of recommendation from this reference
N/A	N/A	N/A	N/A