An integrated planning solution for rural and remote health care

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CheckUP Australia


TORRES STRAIT
CORAL SEA
SOUTH PACIFIC
GULF OF CARPENTARIA
Kala Lagaw Ya
Meriam Mir
Muralag
Yadhaigana
Anggamudi
Mpalitjanh
Teppathiggi
Tjungundji
Yupangathi
Anguthimri
Awngthim
Wuthathi
Kuuku-ya'u
Luthigh
Yinwum
Mbeiwum
Winda
Kaantju
Uutaalngamu
Umpila
Kuuku-yani
Umbindhamu
Wik
Mutumui
Bakanh
Lamalama
Thaayorre
Yir Yoront
Koko-bera
Kokowarra
Guugu-Yimidhirr
Kunjen
Kokomini
Kuku-yalanji
Djabuganjdji
Yidinjdji
Mbabaram
Kuthant
Kurtjar
Agwamin
Djirbalngan
Wargamaygan
Nyawaygi
Kukatj
Walangama
Takalak
Nguburinji
Mayi-Yapi
Mayi-Kulan
Yanga
Bindal
Gugu-Badhun
Yuru
Wakabunga
Ngawun
Mbara
Giya
Kalkadoon
Wunumara
Yirandali
Yilba
Biri
Yangga
Yuwi
Miyan
Warluwarra
Yanda
Guwa
Yambina
Barna
Baradha
Guwinmal
Gabalbara
Darumbal
Maiawali
Gayiri
Gangulu
Bayali
Wangkamana
Karuwali
Mithaka
Bidjara
Garingbal
Wadjigu
Gureng Gureng
Yarluyandi
Birria
Dharawala
Nguri
Gungabula
Yiman
Wuli-wuli
Badtjala
Karangura
Ngamini
Yawarawarka
Gunggari
Mandandanji
Barunggam
Wangkumara
Margany
Kooma
Bigambul
Yandruwandha
Kullilla
Budjari
Kunja
Dieri


VH-LHC

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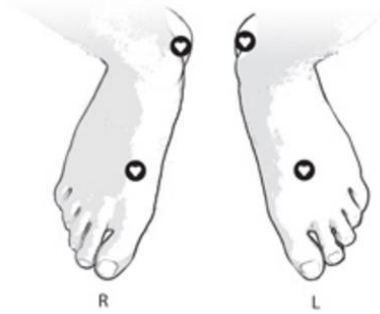
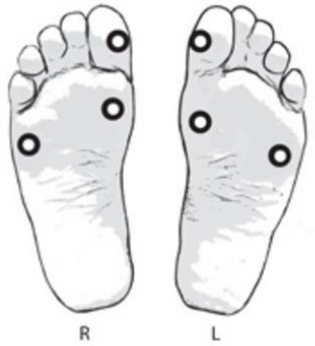
DART
Diabetic Foot Assessment of Risk Test

Client's name:
Screened by: Date:



just draw it!



1) Feel for Foot Pulses (both feet) — DART Asks Check
- Top of the foot pulse
- Inside ankle pulse

on the foot outline, if you can feel the pulse (LOW risk)
on the foot outline, if you are unable to feel the pulse (HIGH risk)

To score this Section Risk Result – if all four pulses felt, tick the LOW RISK box. If one or more pulses are not felt, tick the HIGH RISK box.

SECTION RISK RESULT: ☐ LOW ☐ HIGH — LOW / HIGH

2) Check for Sensation (both feet)
- Use a 5.07 Monofilament (10g)

on the foot outline, if the client feels the touch (LOW risk)
on the foot outline, if the client cannot feel the touch (HIGH risk)

To score this Section Risk Result – if all six areas are felt, tick the LOW RISK box. If one or more areas are not felt, tick the HIGH RISK box.

SECTION RISK RESULT: ☐ LOW ☐ HIGH — LOW / HIGH

3) Look at both Feet - Identify Active Foot Lesions & Foot Deformity

Draw on the foot outlines when active lesions & deformities are observed

1. Flat feet
2. Highly arched feet
3. Bunion
4. Crooked toes
5. Amputation
6. Hard skin
7. Heel cracks
8. Sores/Ulcers
9. Infection
10. Thick toenails
11. Curly toenails
12. Infected ingrown toenails
13. Splinter
14. Pigmentation

To score this Section Risk Result – if no active lesions or foot deformity are drawn on the foot outlines, tick the LOW RISK box. If one or more active foot lesions or deformity are identified, tick the HIGH RISK box.

SECTION RISK RESULT: ☐ LOW ☐ HIGH — LOW / HIGH

4) Identify Amputations and Significant Scars

Draw on the foot outlines when amputations and significant scars are observed.

If no amputations or significant scars, tick the LOW RISK box.
If one or more amputations or significant scars, tick the HIGH RISK box.

SECTION RISK RESULT: ☐ LOW ☐ HIGH — LOW / HIGH

5) Identify Self-care Practices
- Is the client aware of the need to look after diabetic feet? **Yes / No**
- Do these feet look well cared for? **Yes / No**
- Is the client wearing footwear today? **Yes / No**
- Is the client able to provide the care required? **Yes / No**

If you score YES to all questions, tick the LOW RISK box.
If you score NO to one or more questions, tick the HIGH RISK box.

SECTION RISK RESULT: ☐ LOW ☐ HIGH — LOW / HIGH

OVERALL RISK RESULT: LOW / HIGH

☐ LOW Review Date:
☐ HIGH Referral To:

Initial:

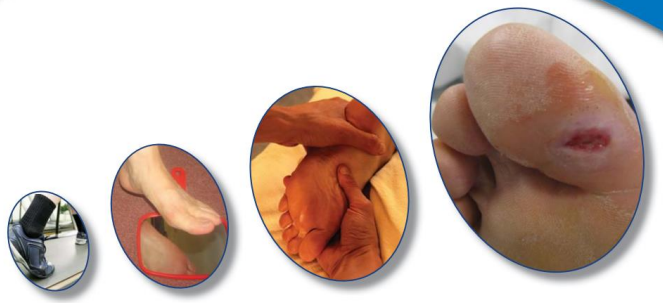
The Indigenous Diabetic Foot Program
www.sarrah.org.au

When the DART targets a HIGH risk result, a more comprehensive assessment is required. This will involve repeating the DART, confirming the result and developing a management plan.

Health professionals with the confidence and competence in diabetic foot assessments are required to develop a management plan and make appropriate referrals. The DART Asks [on reverse side] can provide guidance to the development of the plan.

National Evidence-Based Guideline

Prevention, Identification and Management of Foot Complications in Diabetes



THE GEORGE INSTITUTE for Global Health
Baker IDI HEART & DIABETES INSTITUTE
AHTA Adelaide Health Technology Assessment

These guidelines have been endorsed by | Australasian Podiatry Council | Australian Diabetes Educators Association | Australian Diabetes Society | Australian Practice Nurses Association | Diabetes Australia Ltd | Pharmaceutical Society of Australia | The Royal Australian College of General Practitioners

April 2011

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Outreach Overview

1. Rural Health Outreach Fund (RHOF)
2. Medical Outreach Indigenous Chronic Disease Program (MOICDP)
3. Healthy Ears – Better Hearing, Better Listening (Healthy Ears)
4. Visiting Optometrist Scheme (VOS)
5. Other Projects – Eye and Ear Surgical Services (EESS), Indigenous Eye Health Coordination and the Nutrition Program

Commonwealth Dept. of Health funding which aims to **increase access** to a range of health services and improve health outcomes for people living in urban, regional, rural and remote locations.

RHOF (RA 2 – 5)	MOICDP (RA 1 – 5), Aboriginal and Torres Strait Islander people	HEALTHY EARS (RA 1 -5, Aboriginal and Torres Strait Islander people, 0-21 years)	VOS (RA 1 – 5)
• Maternity and Paediatric • Eye Health • Mental Health • Support for Chronic Disease Management • Women's Health	• Diabetes • Cardiovascular disease • Chronic respiratory disease • Chronic renal disease • Cancer • Chronic Disease	• Ear Health	• Eye Health

Our purpose:

Create healthier communities and reduce health inequities.

Our guiding principles:

We coordinate the delivery of Outreach health services that are:

1. Tailored to address priority health needs
2. Appropriate, affordable and accessible for the consumer
3. High quality
4. Delivered efficiently
5. Based locally where possible
6. Appropriately funded for the provider
7. Integrated with other services and population health strategies

The Outreach Regional Structure

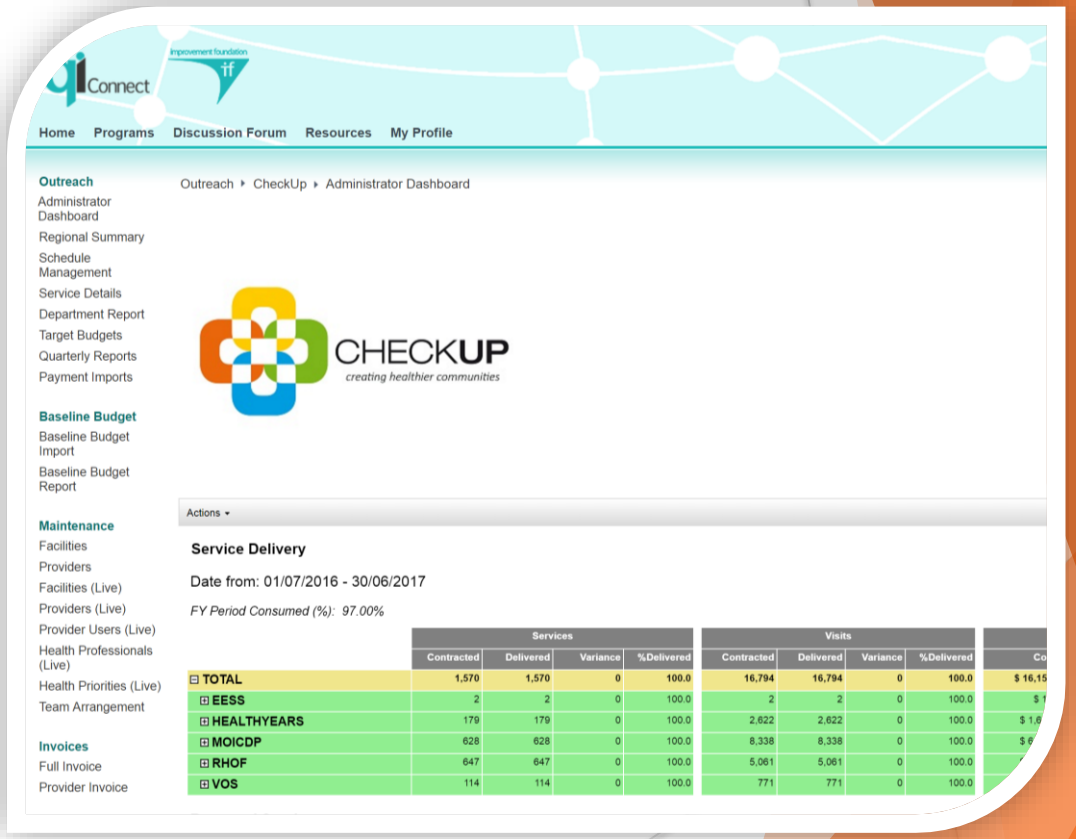
To identify and tailor local solutions to address challenges and opportunities in the coordination of Outreach health services, including:

- local 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
- referral pathways
- 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

The Outreach Management System

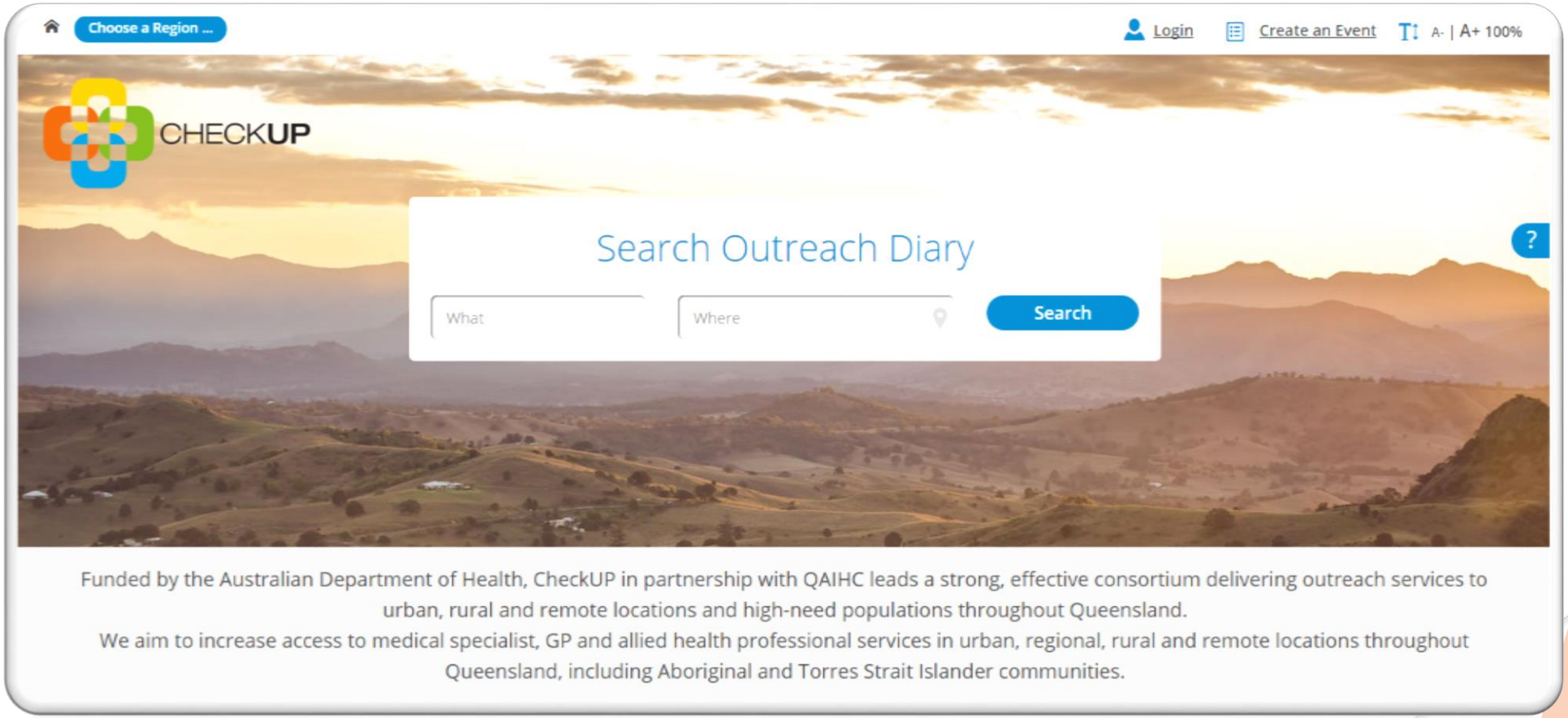
The Outreach Management System (OMS) is a custom built, online monitoring and reporting tool which provides a consistent approach to contracting and management of health providers delivering Outreach Services.

- Custom user dashboard for community*, provider, fundholder, and Australian Government Department of Health.
- Manage service delivery budgets across multiple program
- Automatically generate invoices on submission of provider service delivery reports,
- Monitor service delivery, plan future visit dates, and submit service delivery visit reports or activity logs.
- Share data across a regional workforce.
- Meet funder reporting requirements

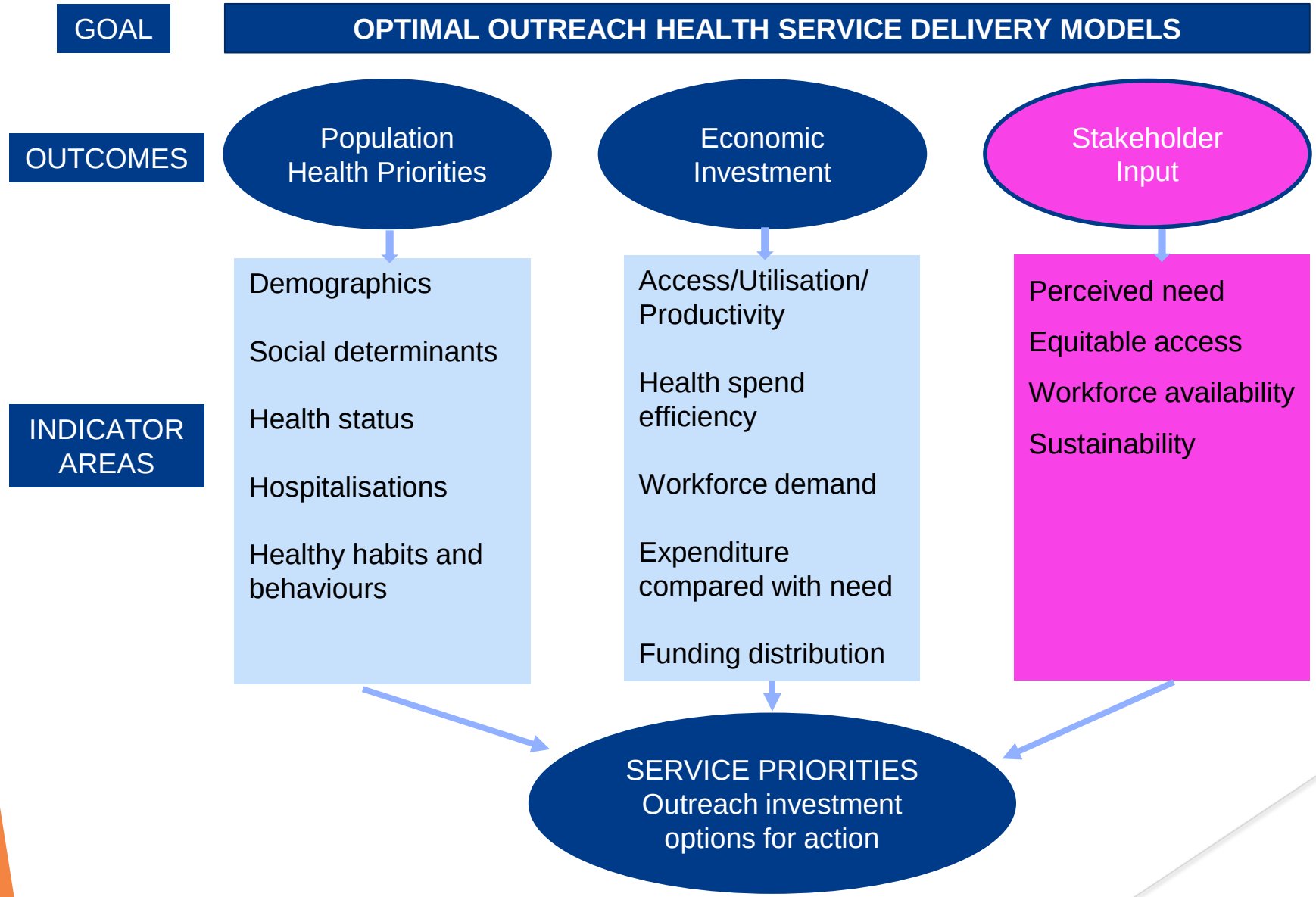


The Outreach Management System

http://outreach.checkup.org.au/



The Outreach health Analytics Platform



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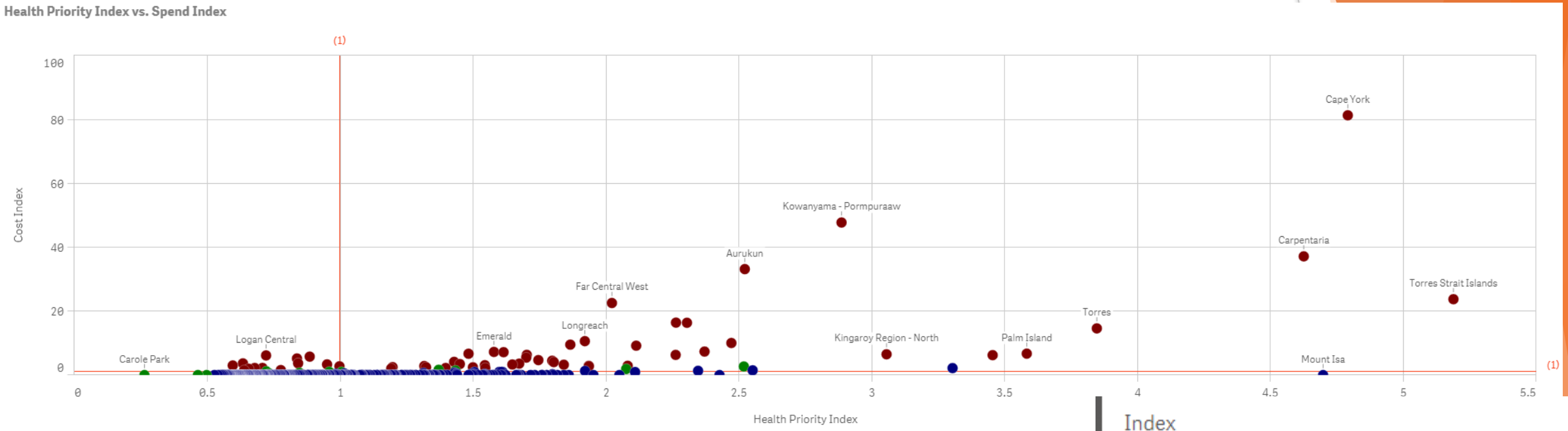


Index

- # infant deaths per population
- Chronic disease per population - split by disease type
- # deaths per population
- # indigenous per population
- MMM score
- SEIFA/RA Classification
- # potentially avoidable deaths per population
- # obese per population
- Total population

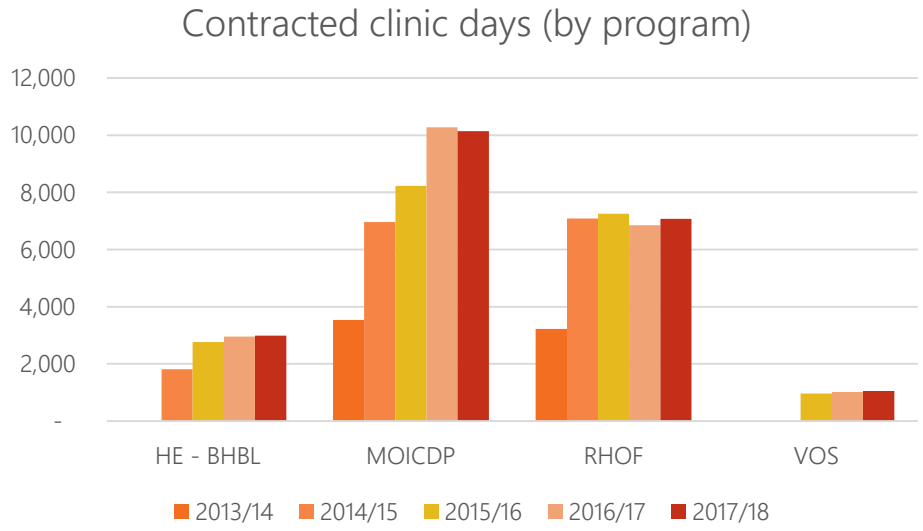
The Outreach health Analytics Platform

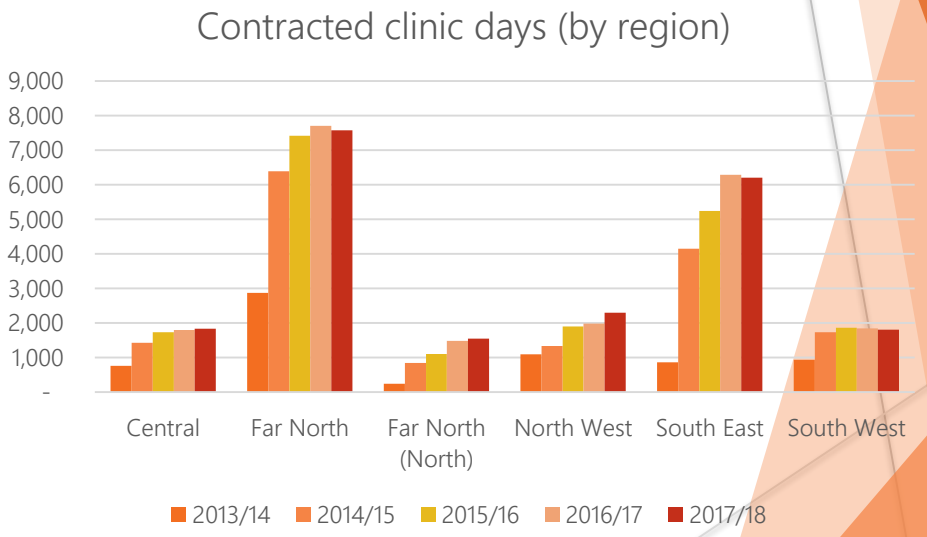
- Highlighted variation across Queensland between high needs communities and the spend cost relative to state average.
- Provided the visibility for decision makers to understand the relationship between demand and supply for each SA2 and to help inform where services potentially needed to be redirected to areas of greatest need.
- Allowed comparisons by exploring specialist's visits, clinical performance, area breakdown, investment and funded programs.
- Provided interactive visualisation of population health and demographic data which provided an additional level of comparison to inform local priorities.

Flinders Report:
Outreach services analysis

Availability

- **Availability:** defined by the quantity and types of services available in relation to the health needs of a population. Here we have described the number of clinic days and types of services as a measure of availability.





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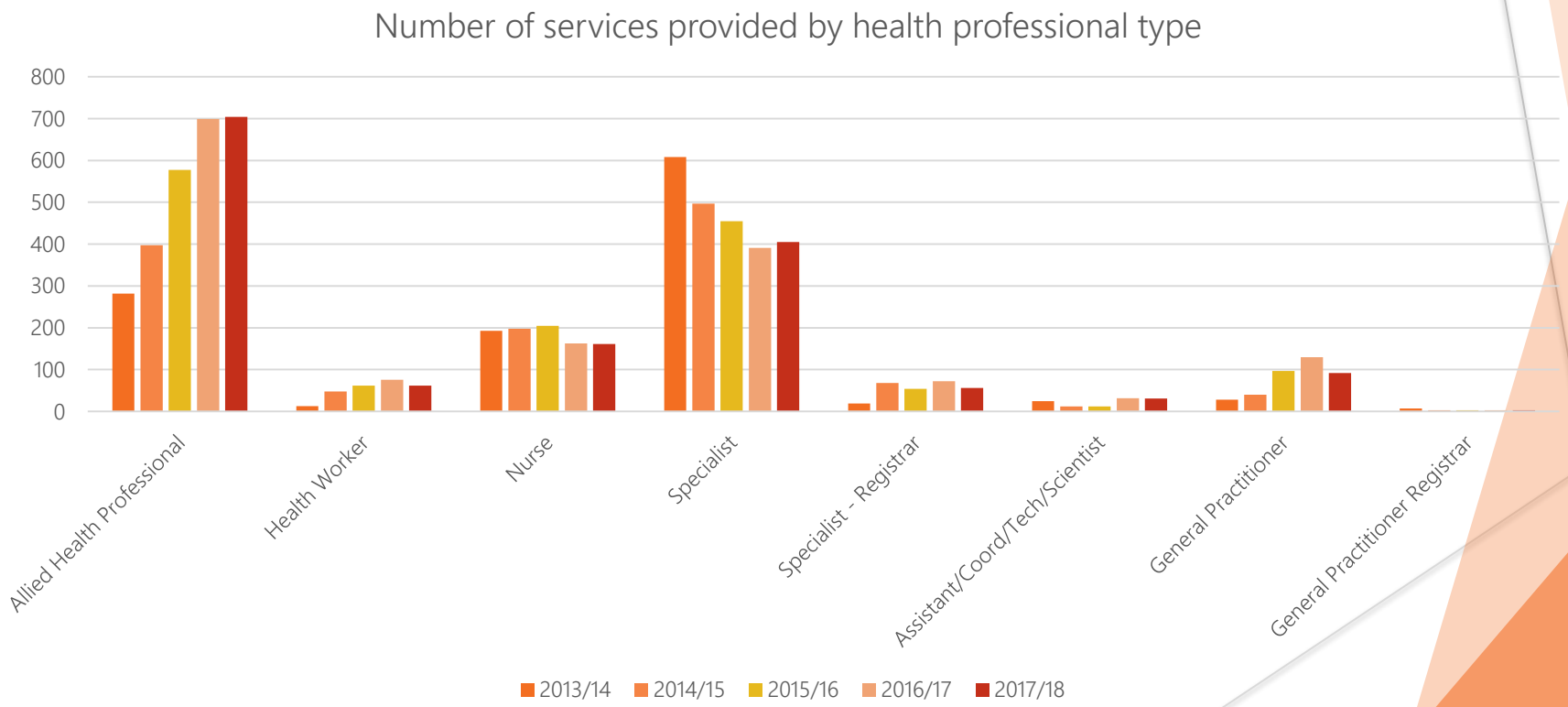
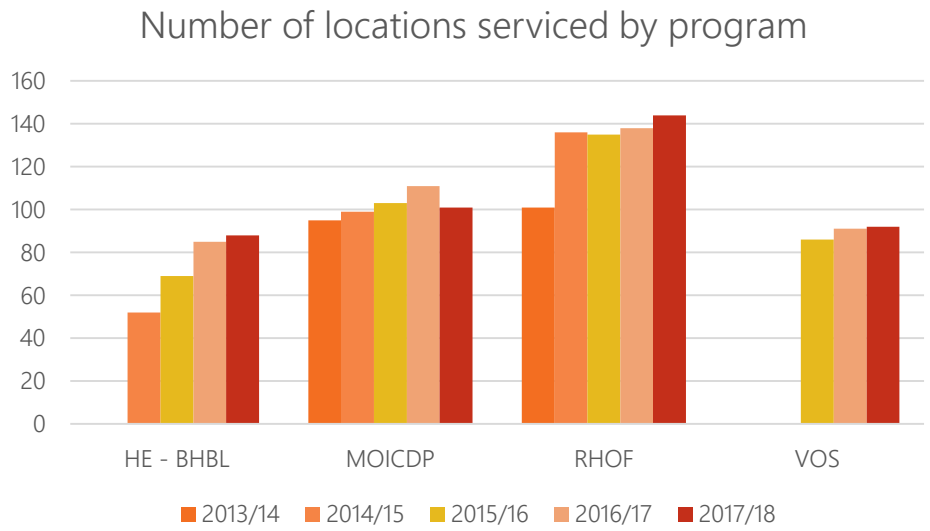


Geography

- **Geography:** which refers to the proximity of services or how easy it is for the consumer to travel to them. Here we describe the number of locations from which services are provided and stratify them by a measure of remoteness (Modified Monash Model classification).



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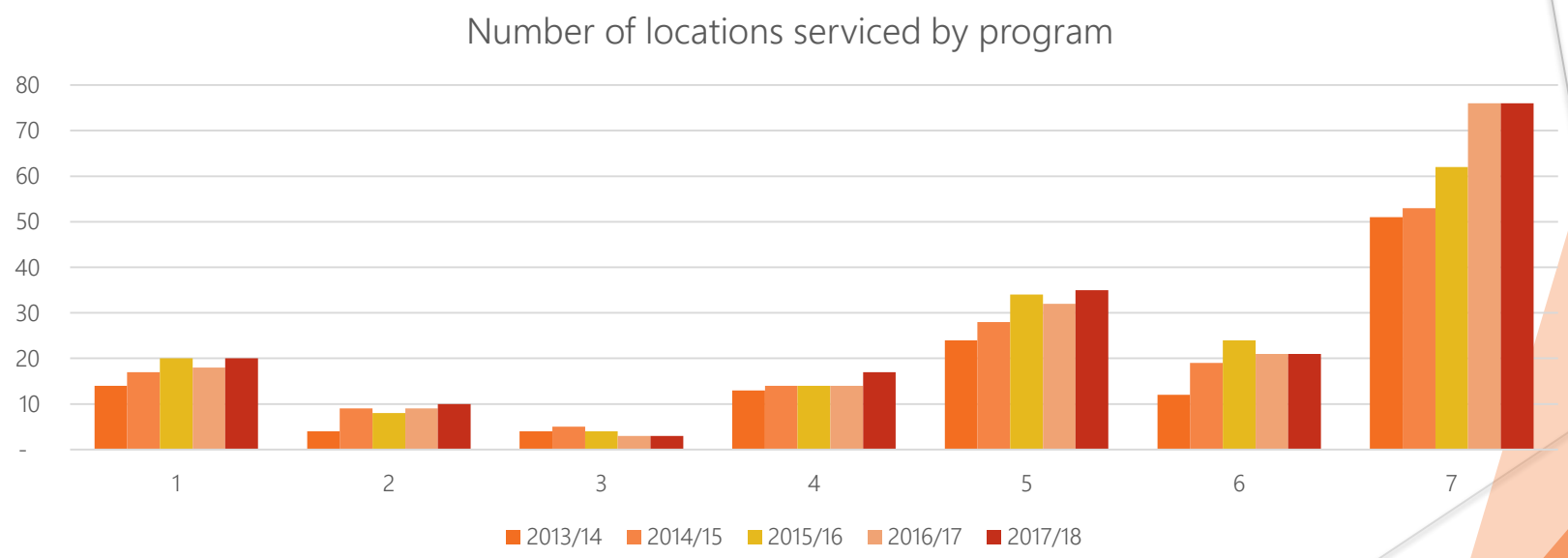
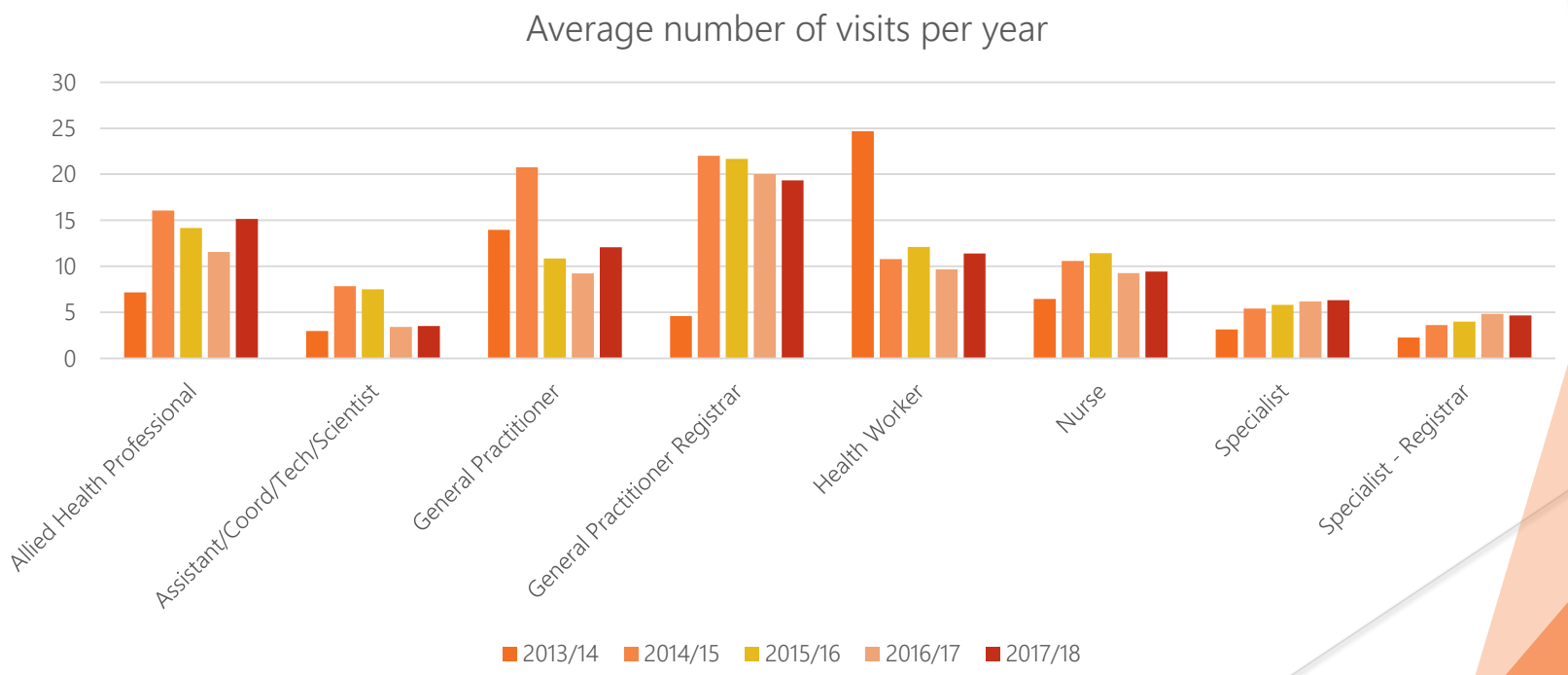


Affordability

- **Affordability:** the direct and indirect costs of accessing a service in conjunction with the resources of the individuals requiring those services. Due to the nature of services and available information this aspect of access has not been addressed in this evaluation.

Timeliness

- **Timeliness:** the degree to which the service is available within an appropriate timeframe relative to the urgency of need. Change in the number of visits to a region per annum and patient wait lists can give some indication of changes in timeliness of services.



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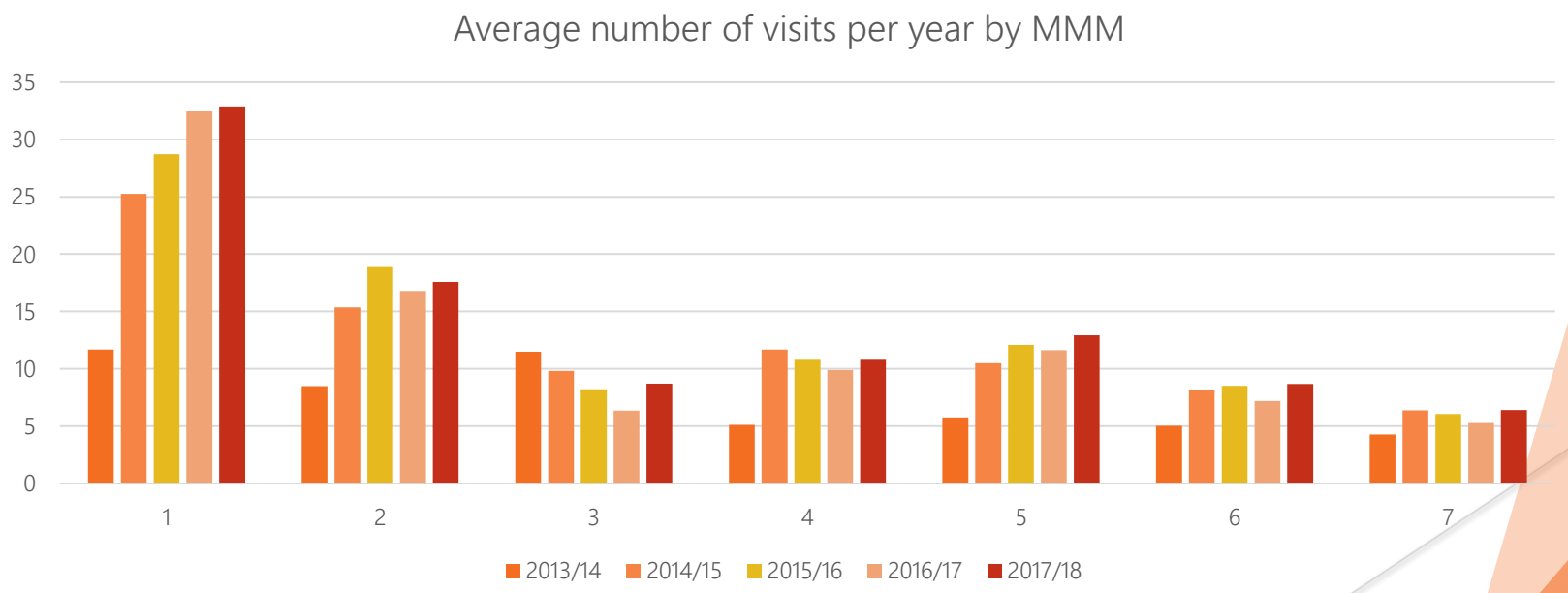

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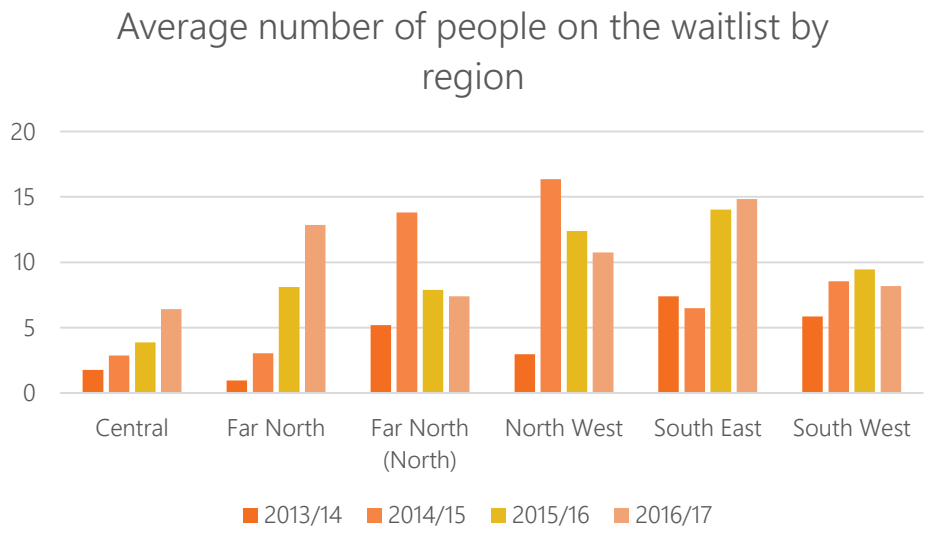

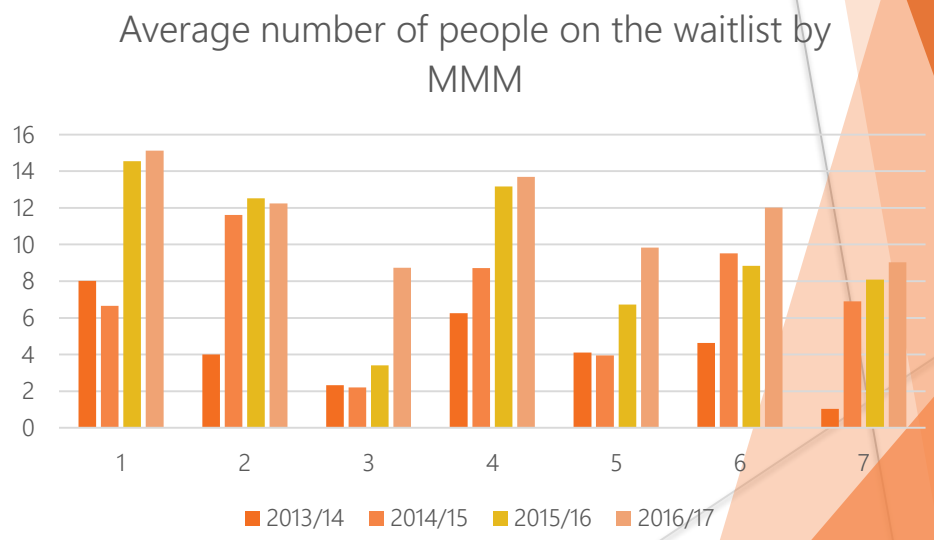

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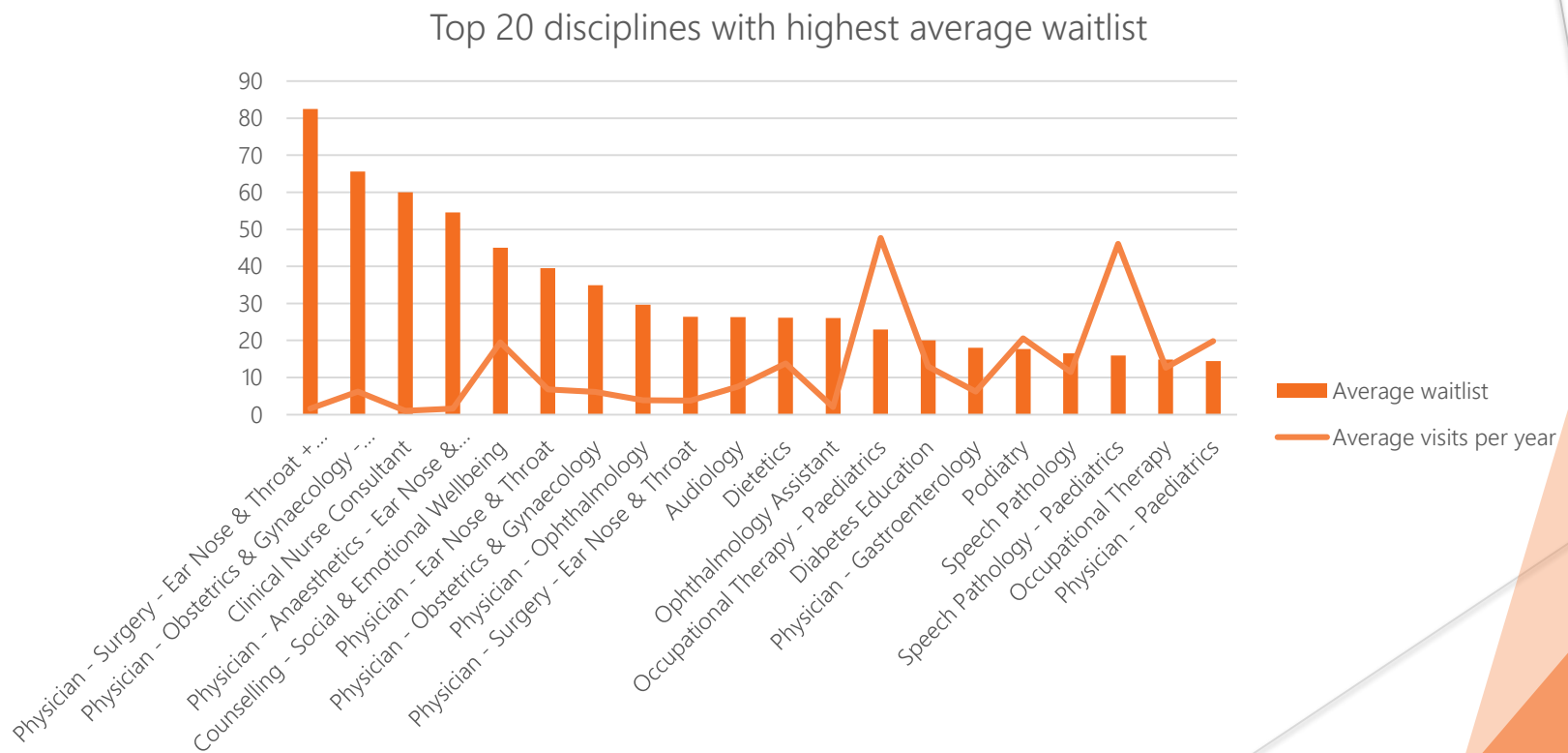
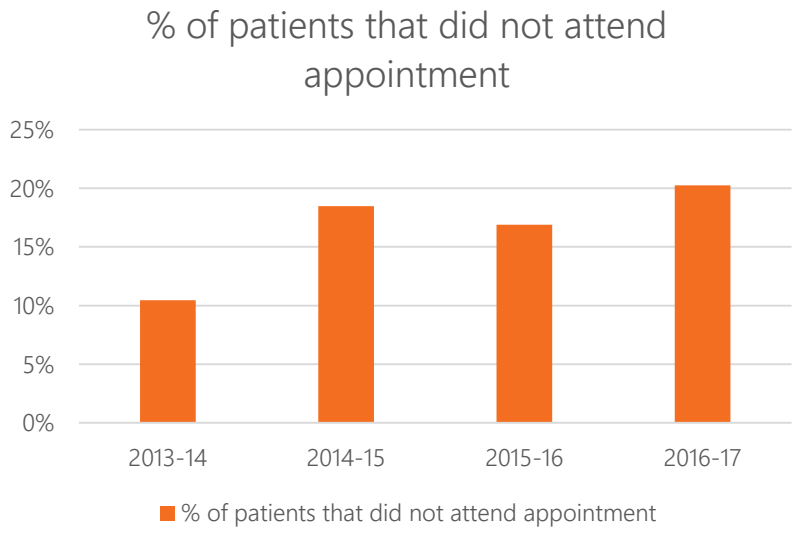
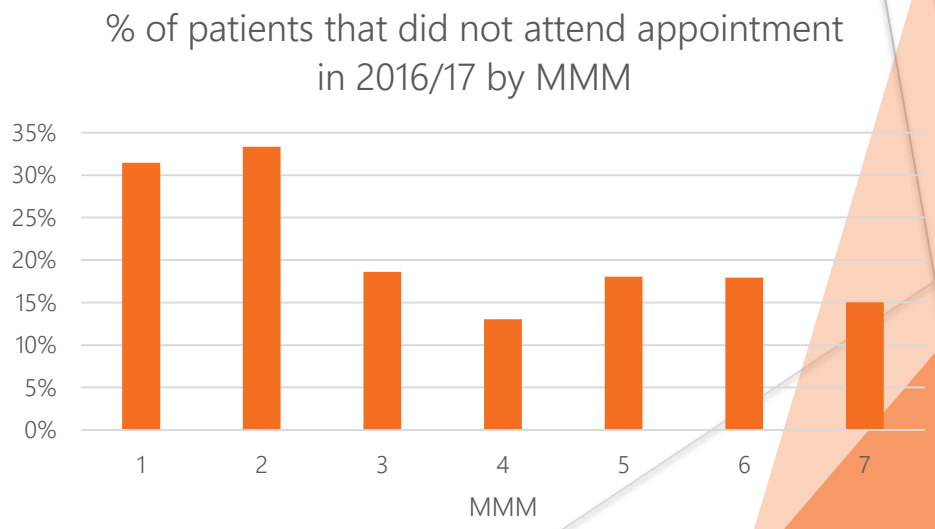


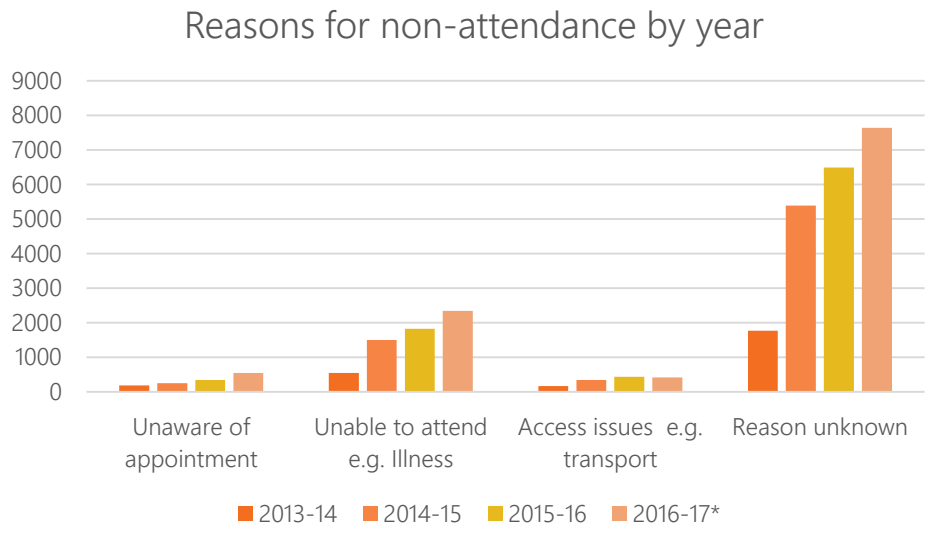
Accommodation, Acceptability and Awareness

- **Accommodation:** reflects the ease with which the consumer navigates the system and how well that system logistics meet consumer's needs. Patients non-attendance rates and reasons for non- attendance may provide some insight as to accommodation of services as well as analysis of the difficulties experienced by providers.
- **Acceptability:** the degree to which the service is commensurate with the consumer's values. This includes concepts of cultural appropriateness, and may also be reflected in patient non-attendance rates.
- **Awareness:** consumers' knowledge of the services available and how to access them. Analysis of patient non-attendance may indicate levels of service acceptability and awareness.





Accommodation, Acceptability and Awareness



Accommodation, Acceptability and Awareness

Other reasons for non attendance:

Accommodation, Acceptability and Awareness