



MMEEx User Manual

Integrated Team Care Forms

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Integrated Team Care Forms

In addition to all of the Clinical Record features of MMEx, ITC funded program staff have a range of tools to record and report their work.

You may also be interested in [IHPO Forms](#).

ITC Forms

The following forms are available:

- **Care Co-ordination & Supplementary Services** - record care coordination, supplementary services and Medical Aids on the one form
- **Episode of Care Co-ordination** - record an episode of care coordination only
- **Outreach Worker Services** - record an activity that is classed as neither care coordination or supplementary services
- **Supplementary Services** - record supplementary services only.

Each form can be used for one patient at a time and is saved in the patient record when completed.

Care Coordination and Supplementary Services

Care Co-ordination & Supplementary Services

Save Form
Cancel

Patient Details

URN:	
Name:	
Date of Birth	
Show Full Details	

Episode Of Care Co-ordination

Date of Care Coordination Service

Health Locations	Non-Health Locations
<ul style="list-style-type: none"> <input type="radio"/> Aboriginal Medical Service <input type="radio"/> Care Co-ordinator's Organisation <input type="radio"/> Community Health <input type="radio"/> GP Surgery <input type="radio"/> Hospital <input type="radio"/> Other Health Location <input type="radio"/> RACF or Nursing Home <input type="radio"/> Specialist or Allied Health Rooms 	<ul style="list-style-type: none"> <input type="radio"/> Aboriginal And/Or Torres Strait Islander Community Offices <input type="radio"/> Community Centre <input type="radio"/> Other Non-Health Location <input type="radio"/> Patient's Home <input type="radio"/> Patient's Work Site

Care Co-ordination Services Provided

- Accommodation Support
- Advocacy
- Care Planning
- Case Conferencing / Management
- Discharge Planning
- Employment Support

- Family Carer Support
- Information Provision
- Service Co-ordination with AMS
- Service Co-ordination with Allied Health
- Service Co-ordination with Community Services
- Service Co-ordination with CTG Team

- Service Co-ordination with GP/PN
- Service Co-ordination with Palliative Care
- Service Co-ordination with Pharmacy
- Service Co-ordination with Specialist
- Service Co-ordination with Other Service Coordination Programs
- Transport Liaison

Direct Clinical Services Provided by Care Co-ordinator

- S/Targets - Cancer Education/Monitoring
- S/Targets - Cardiovascular Education/Monitoring
- S/Targets - Diabetes Education/Monitoring
- S/Targets - Renal Education/Monitoring
- S/Targets - Respiratory Education/Monitoring
- Care Planning

- Clinical Assessment & Review
- Clinical Observations (BMI & BP)
- Clinical Procedure
- Counselling / Psychology / Mental Health
- Health Promotion
- Immunisation

- Medication Review
- Other Chronic Disease Education/Monitoring
- Self Management Support
- Smoking Cessation
- Substance Use

Supplementary Services (Click to enter new item)

Date of Supplementary Service Appointment

Find and Highlight

Services

Allied Health

Select None

<input type="radio"/> Aboriginal Health Worker	<input type="radio"/> Home & Community Care	<input type="radio"/> Physiotherapist
<input type="radio"/> Audiologist	<input type="radio"/> Nurse	<input type="radio"/> Podiatrist
<input type="radio"/> Chiropractor	<input type="radio"/> Nutritionist	<input type="radio"/> Psychologist / Counsellor
<input type="radio"/> Dental and Oral Hygienist	<input type="radio"/> Occupational Therapist	<input type="radio"/> Social Worker
<input type="radio"/> Diabetes Educator	<input type="radio"/> Optometrist	<input type="radio"/> Specialised Nurses / Teams
<input type="radio"/> Dietitian	<input type="radio"/> Osteopath	<input type="radio"/> Speech Pathologist
<input type="radio"/> Exercise Physiologist	<input type="radio"/> Pharmacist	

Specialists

Select None

<input type="radio"/> Addictions Specialist	<input type="radio"/> Gynaecologist	<input type="radio"/> Radiologist
<input type="radio"/> Cardiologist	<input type="radio"/> Haematologist	<input type="radio"/> Rehabilitation Physician
<input type="radio"/> Dermatologist	<input type="radio"/> Neurologist	<input type="radio"/> Renal Specialist
<input type="radio"/> ENT Specialist	<input type="radio"/> Obstetrician	<input type="radio"/> Respiratory Physician
<input type="radio"/> Endocrinologist	<input type="radio"/> Oncologist	<input type="radio"/> Rheumatologist
<input type="radio"/> Gastroenterologist	<input type="radio"/> Ophthalmologist	<input type="radio"/> Sexual & Reproductive Physician
<input type="radio"/> General Physician	<input type="radio"/> Orthopaedic Surgeon	<input type="radio"/> Sleep Physician
<input type="radio"/> General Practitioner / GP	<input type="radio"/> Paediatrician	<input type="radio"/> Urologist
<input type="radio"/> General Surgeon	<input type="radio"/> Psychiatrist	<input type="radio"/> Vascular Surgeon

Who paid for this service?

Select None

- SS Purchased: Paid or part paid with Supplementary Services funds
- Other Funding: Organised by Care Co-ordinator, but NOT paid with Supplementary Services funds

Transport

One way or Return ?

Select None

- Return
- One-Way
- No Transport Arranged

Who paid for transport ?

Select None

- SS Purchased: Paid or part paid with Supplementary Services funds
- Other Funding: Organised by Care Co-ordinator, but NOT paid with Supplementary Services funds
- NA / No transport arranged

[Add Supplementary Service Item](#)

Medical Equipment Aids (Click to enter new item)

Date Of Purchase / Hire Contact

Purchased or Hired ?

Select None

- Purchased
- Hired
- Brokered

What was purchased/hired/brokered ?

Select None

- Assisted Breathing Equipment - Accessories for CPAP
- Assisted Breathing Equipment - Asthma Spacer
- Assisted Breathing Equipment - Continuous Positive Airways Pressure (CPAP)
- Assisted Breathing Equipment - Masks
- Assisted Breathing Equipment - Nebulisers
- Blood Sugar/Glucose Monitoring Equipment
- Dose Administration Aids
- Exceptional Circumstances, DoHA approved (be prepared to specifically mention this item in a written report)
- Medical Footwear

[Add Medical Equipment Aid](#)

[Save Form](#) [Cancel](#)

Firstly select the Patient for whom the service was provided. To add a Supplementary Service item, select the relevant item details from the list. You may use the **Find and Highlight** box to enter a search term - the item will be highlighted in the lists underneath.

▼ **Supplementary Services** (Click to enter new item)

Date of Supplementary Service Appointment 27/06/2016

Find and Highlight

Services

Allied Health

Select None

- Aboriginal Health Worker
- Home & Community Care**
- Physiotherapist
- Audiologist
- Nurse
- Podiatrist
- Chiropractor
- Nutritionist
- Psychologist / Counsellor
- Dental and Oral Hygienist
- Occupational Therapist
- Social Worker

Click on **Add Supplementary Service Item** the item you have saved will be summarised underneath that button.

Date	Service Name	Funding	Transport	Action
27/06/2016	Diabetes Educator	Purchased	Return Purchased	<input type="button" value="Remove"/>

To add a Medical Equipment Aid Record, select the relevant data and click **Add Medical Equipment Aid** the item you have saved will be summarised underneath that button.

Date	Purchased/Hired/Brokered	Equipment	Action
27/06/2016	Purchased	Blood Sugar/Glucose Monitoring Equipment	<input type="button" value="Remove"/>

Click **Save Form** to save the Record

Your form has been saved, here are the details you entered

Patient Details

Name	John Aardvark
-------------	---------------

Care Co-ordination

Date of Care Co-ordination	27/06/2016
Location of Service	Specialist or Allied Health Rooms
Care Co-ordination Services Provided	<ul style="list-style-type: none"> Service Co-ordination with Allied Health
Direct Clinical Services Provided	<ul style="list-style-type: none"> 5/Targets - Diabetes Education/Monitoring Care Planning

Supplementary Services

Date	Service Name	Funding	Transport
27/06/2016	Diabetes Educator	Purchased	Return Purchased

Medical Equipment Aids

Date	Purchased/Hired	Equipment
27/06/2016	Purchased	Blood Sugar/Glucose Monitoring Equipment

The form will be saved in the patient's documents list and can be viewed at any time by clicking on the document name.

Episode of Care Coordination

Episode Of Care Co-ordination

Add
Cancel

Patient Details

Pick A Patient

URN:	
Name:	
Date of Birth	
Show Full Details	

Episode of Care

Date Of Service	<input type="text"/>		
Location Service was Provided	<input type="radio"/> Patient's Home <input type="radio"/> GP Surgery <input type="radio"/> AMS <input type="radio"/> Hospital <input type="radio"/> Division Premises <input type="radio"/> Other <input style="width: 150px;" type="text"/>		
Suburb service was provided	<input style="width: 150px;" type="text"/>		
Care Co-ordination Services provided	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Accommodation Support <input type="checkbox"/> Care Planning <input type="checkbox"/> Employment Support <input type="checkbox"/> Service Co-ordination with Allied Health <input type="checkbox"/> Transport Liaison <input type="checkbox"/> Other <input style="width: 100px;" type="text"/> </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Advocacy <input type="checkbox"/> Discharge Planning <input type="checkbox"/> Information Provision <input type="checkbox"/> Service Coordination with Specialist </td> </tr> </table>	<input type="checkbox"/> Accommodation Support <input type="checkbox"/> Care Planning <input type="checkbox"/> Employment Support <input type="checkbox"/> Service Co-ordination with Allied Health <input type="checkbox"/> Transport Liaison <input type="checkbox"/> Other <input style="width: 100px;" type="text"/>	<input type="checkbox"/> Advocacy <input type="checkbox"/> Discharge Planning <input type="checkbox"/> Information Provision <input type="checkbox"/> Service Coordination with Specialist
<input type="checkbox"/> Accommodation Support <input type="checkbox"/> Care Planning <input type="checkbox"/> Employment Support <input type="checkbox"/> Service Co-ordination with Allied Health <input type="checkbox"/> Transport Liaison <input type="checkbox"/> Other <input style="width: 100px;" type="text"/>	<input type="checkbox"/> Advocacy <input type="checkbox"/> Discharge Planning <input type="checkbox"/> Information Provision <input type="checkbox"/> Service Coordination with Specialist		
Direct Clinical Services Provided by Care Co-ordinator	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Asthma Education <input type="checkbox"/> BMI <input type="checkbox"/> Clinical Review <input type="checkbox"/> Diabetes Monitoring <input type="checkbox"/> Medication Review <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Wound Care <input type="checkbox"/> Other <input style="width: 100px;" type="text"/> </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Asthma Monitoring <input type="checkbox"/> BP <input type="checkbox"/> Diabetes Education <input type="checkbox"/> Health Promotion <input type="checkbox"/> Self Management Support <input type="checkbox"/> VACS/IMMS </td> </tr> </table>	<input type="checkbox"/> Asthma Education <input type="checkbox"/> BMI <input type="checkbox"/> Clinical Review <input type="checkbox"/> Diabetes Monitoring <input type="checkbox"/> Medication Review <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Wound Care <input type="checkbox"/> Other <input style="width: 100px;" type="text"/>	<input type="checkbox"/> Asthma Monitoring <input type="checkbox"/> BP <input type="checkbox"/> Diabetes Education <input type="checkbox"/> Health Promotion <input type="checkbox"/> Self Management Support <input type="checkbox"/> VACS/IMMS
<input type="checkbox"/> Asthma Education <input type="checkbox"/> BMI <input type="checkbox"/> Clinical Review <input type="checkbox"/> Diabetes Monitoring <input type="checkbox"/> Medication Review <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Wound Care <input type="checkbox"/> Other <input style="width: 100px;" type="text"/>	<input type="checkbox"/> Asthma Monitoring <input type="checkbox"/> BP <input type="checkbox"/> Diabetes Education <input type="checkbox"/> Health Promotion <input type="checkbox"/> Self Management Support <input type="checkbox"/> VACS/IMMS		

Add
Cancel

Save
Cancel

Form Saved

Click **Add** to save the form.

The form will be saved to the patient's Documents list and can be reviewed at any time by clicking on the document name.

Name of Document	Added By	Date	Last Edited
Episode of Care Co-ordination	Ms Sarah Baker	13/06/16	28/06/2016 10:30:43 AM

Supplementary Services

Supplementary Services

Add Cancel

Patient Details

Pick A Patient

URN:

Name:

Date of Birth:

Show Full Details

Allied, Specialists & Transport Services

Explanation of columns:
Services Purchased: Number of Supplementary Services Purchased
Services Brokered: Number of Session brokered by the care coordinator not funded under the Supplementary Services program.
Transport Purchased: Total number of transport services purchased for the indicated service. One transport service is considered a return trip. A one way trip is entered as 0.5
Transport Brokered: Total number of transport services brokered for the indicated service

Service	Date Of Service	Services Purchased	Services Brokered	Transport Purchased	Transport Brokered
Aboriginal Health Worker	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Audiology	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Chiropractic Service	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dental and Oral Hygienist	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Patient referred to Allied health					
Diabetes Educator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dietetics	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Exercise Physiology	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mental Health Service	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupational Therapy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Osteopathy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physiotherapy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Podiatry	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Psychology	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Speech Pathology	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Patient referred to Specialist					
Addiction Medicine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cardiologist	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Endocrinologist	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gastroenterologist	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gynaecologist	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Oncologist	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Psychiatrist	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Renal Specialist	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Respiratory Physician	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Add Cancel

Select the patient you are recording Service information for. For the relevant Services- allied Health


referrals or Specialist Referrals, enter the required information.

- **Date of Service**
- **Services Purchased:** Number of Supplementary Services Purchased
- **Services Brokered:** Number of Session brokered by the care coordinator not funded under the Supplementary Services program.
- **Transport Purchased:** Total number of transport services purchased for the indicated service. *NB: One transport service is considered a return trip. A one way trip is entered as 0.5*
- **Transport Brokered:** Total number of transport services brokered for the indicated service

Form Saved

Click **Add** to save the record

The form will be saved in the patient's documents list and can be reviewed by clicking on the document name.

Name of Document	Added By	Date	Last Edited	
Supplementary Services	Ms Sarah Baker	28/06/16	28/06/2016 10:20:24 AM	

Outreach Worker Services

Outreach Worker Services

Add
Cancel

Patient Details

Pick A Patient

URN:	
Name:	
Date of Birth	
Show Full Details	

Outreach Worker Services

Date Of Service	<input type="text"/>
Attendance at:	<input type="checkbox"/> First consultation with GP and/or Practice Nurse <input type="checkbox"/> Follow-up consultation with GP and/or Practice Nurse <input type="checkbox"/> At specialist appointments <input type="checkbox"/> Care co-ordination appointments <input type="checkbox"/> Other allied health appointments <input type="checkbox"/> No Attendance / No Outreach service
Phone follow up	<input type="checkbox"/> With Patient <input type="checkbox"/> With Clinician (GP, Specialist, Allied Health, Care Coordinator etc...)
Transport	<input type="radio"/> Arranged transport for client (used Community Transport etc..) <input type="radio"/> Provided transport for client (you drove) <input type="radio"/> Transport purchased (ie: cab) <input type="radio"/> No Transport / No Outreach service
Medications	<input type="checkbox"/> Collected prescriptions from the pharmacy

Add
Cancel

Select the Patient the activity is to be recorded against, select the date the activities were undertaken and mark the activities that were completed.

Click **Add** to save the form

Save
Cancel

Form Saved

Patient Details

The form saves in the patient's Documents list and can be reviewed by clicking on the document name.

Name of Document	Added By	Date	Last Edited	
Outreach Worker Services	Ms Sarah Baker	27/06/16	28/06/2016 10:00:45 AM	