

EIS Health Limited trading as Central and Eastern Sydney PHN
ABN: 68 603 815 818

CESPHN INTERNAL INFORMATION ONLY

| | |
|--------------------------|---|
| Contract Name | DFSV Health Assist - Supporting Outreach Healthcare |
| Service Providers | The Party: |

Memorandum of Agreement

This Agreement is made on the date stated in **Item 1** of the Schedule.

Between

EIS Health Limited (“CESPHN”) of Level 5, 201 Coward St Mascot NSW 2020

And

The **[Enter Party Name]** (“**The Party**”) described in **Item 2** of the Schedule.

1. Recitals

- a. The relationship of The Parties is one of co-operation and is not intended to imply any arrangement of partnership, or other legally binding relationship other than that explicitly stated in this agreement.
- b. This agreement does not imply any other relationship in respect of employer and employee, principal and agent, or contractors between the party other than that explicitly stated in this agreement.
- c. “**The Program**”

DFSV Health Assist offers migrant women and children and those on precarious visas in select refuges free health care. By embedding health services within refuges, the program aims to remove accessibility barriers and meet the health needs of victim-survivors, that may otherwise be neglected due to the often debilitating challenges of escaping abuse.

Residents within select short-term accommodation services will be offered free outreach healthcare through a Nurse Practitioner and supporting allied health and other healthcare services. The services will be managed by a Coordinator employed by a participating health centre/general practice. Where specialist services cannot be provided on site, brokerage can be allocated to provide the relevant health service. Transport can be covered if required.

The objectives of this program are:

- develop and implement an outreach model of support to improve the quality of care for victim-survivors of FDSV.
 - increase access to holistic and integrated outreach health care in crisis, temporary accommodation, and services to support women, children and young people experiencing FDSV, including those from population groups at disproportionately higher risk of FDSV.
 - increase integration with health and (as a lesser order consideration) community services including, but not limited to, increasing access to social support services, counselling referrals, parenting support, housing support and advocacy for women.
 - address the barriers to victim-survivors accessing health and support services, including individualised considerations for victim-survivors from higher risk population groups.
- d. To be eligible to participate in the DFSV Health Assist program The Party must:
 - Be a refuge housing women and children impacted by DFSV, including migrant women and children and those on precarious visas
 - Be located within the CESPHN region (CESPHN catchment area by postcode)

- Have an available consulting room (days can be negotiated)
 - Be willing to liaise with the Coordinator, Nurse Practitioner and other health practitioners and provide a primary contact liaison
 - Be willing to collaborate with CESP HN, the health service providers, Coordinator and other stakeholders prior to commencement of the service to determine scope of practice and establish systems required for successful implementation of the program.
 - Have robust data governance, privacy system security, policies and procedures around handling client information
 - Have the capacity to establish and implement methods of communication, referral pathways and workflow plans
 - Facilitate the referral of eligible patients to the Coordinator
 - Adhere to the DVNSW Good Practice Guidelines
 - Currently employ specialist DFV workers with extensive DFV experience and expertise, including knowledge of best-practice standards and frameworks
- e. Services will be provided to residents of the The Party's site, and where feasible and within budget, service follow-up appointments can be covered by this program if residents have left the premises for a limited period of time. However, the program is designed to reduce the access barriers to healthcare and where possible enable ongoing healthcare in the community. While it will always be endeavoured to deliver continuity of care, there are limitation factor such as jurisdictional boundaries for follow-up services.

It is Agreed as follows:

2. CESP HN's Obligations and Funding

2.1 CESP HN will:

- (a) fund the Program. The funding provided will be used to cover administration costs resulting from the service participation in the DFSV Health Assist by The Party as per **Annexure 1** and a duly completed 'DFSV Health Assist Order Form' in **Annexure 2**.
- (b) Pay the Party on issuance of a tax invoice per Clause 3.4. This remuneration as outlined in **Item 3** of the Schedule consists of two payments to the Party and is a fixed sum for the duration of the agreement and will be paid according to **Table 1 Deliverables and Timelines and Payment of Remuneration**.

2.2 The funds must be utilised and spent during the within 24 months from signing this agreement.

2.3 CESP HN will review this agreement in 6 months after the Commencement Date stated in **Item 5** of the Schedule to determine how the Program delivery is progressing as agreed under this agreement.

2.4 CESP HN will hold an introductory consultation workshop for all parties to understand the aims and objectives of the program, and to ensure that all parties understand their role and responsibilities (**as set out in Annexure 1**)

3. The Party's Obligations

3.1. The Party will deliver the following:

- 3.1.1. Complete order form for DFSV Assist Program in **Annexure 2**. The Party will list service details as outlined in Annexure 2.
- 3.1.2. Participate in all aspects of the program service model as listed in **Annexure 1**.
- 3.1.3. Comply with legislative reporting working with vulnerable clients and comply with child protection legislations.
- 3.1.4. Fulfill all reporting requirements as requested by CESPHN and ABT global, which will be outlined at a later date. Submit two reports as outlined in Table 1-Item 6 in the Schedule.
- 3.2. The Party will also be required to:
- 3.2.1. Nominate a lead contact person at The Party's service to champion for the program, to educate and promote use of the service. And maintain contact with CESPHN and advise of any emerging issues that may impact on the success of the activities.
- 3.2.2. Employ specialist DFV workers with extensive DFV experience and expertise, including knowledge of best-practice standards and frameworks.
- 3.2.3. Refer suitable residents to DFSV Health Assist.
- 3.2.4. Work in partnership with the healthcare centre/ general practice CESPHN to ensure the service is effectively delivered.
- 3.2.5. Provide a room for the healthcare staff to undertake assessment and treatment at The Party's site.
- 3.2.6. Collaborate with the healthcare centre/ general practice staff.
- 3.2.7. Identify, document and manage risks and putting in place appropriate mitigation strategies.
- 3.2.8. Adhere to the DVNSW Good Practice Guidelines.
- 3.2.9. Comply with legislation, regulations, industry codes and standards relevant to the organisation in particular Privacy Act 1988 (Cth) (Privacy Act), Australian Privacy Principles 2019; the Health Records and Information Privacy Act 2002 (NSW) (HRIP Act), Health Privacy Principles 2021; the Privacy and Personal Information Act 1998 (NSW) and the Privacy Amendment (Enhancing Privacy Protection) Act 2012 (Cth).
- 3.2.10. The party must obtain informed consent from the patient for participation in the DFSV Health Assist Program. This consent must cover all aspects of service delivery and the use of both identified and de-identified personal information, ensuring the patient is fully aware and agrees to how their information will be used throughout the term of the agreement.
- 3.3 The Party will adhere to its existing client data governance and management and will work with the Health Centre/General Practice to retain and transfer client information via the Health Centre/General Practice system(s).
- 3.4 The Party will issue a valid tax invoice to CESPHN detailing the following:

Party Entity Name:
ABN:
Address:
Contact:

Email:
Invoice in favour of the Party:
Invoice Amount:
Invoice Number:
Invoice Date
GST Amount:

3.5 For the avoidance of doubt,

3.5.1 The Party agrees to refund any monies on occurrence of any of the following event:

- a. The Party is unable to complete the deliverables as per **Item 4** of the Schedule and Annexure 1 of the agreement and terminate this agreement. and
- b. The Party cancelling the order form and terminating this agreement.

3.5.2 CESP HN will not be required to pay any Funding to the Party if the relevant grant (or part thereof) from the Commonwealth is withdrawn, cancelled, reduced or otherwise not received by CESP HN, or if the Commonwealth Funding Agreement is terminated. CESP HN will immediately notify the Party of any such occurrence and the parties will negotiate in good faith the reduction of the deliverable as per **Item 4** of the Schedule or termination of this Agreement according to Clause 7 Termination.

3.6 The funds paid must be utilised during the term of this agreement unless an extension of time is agreed with CESP HN in accordance with Clause 6.

3.7 The Party is responsible for agents or contractors, subcontractors employed or engaged to carryout services under this agreement and agrees to cover agents or contractors and sub-contractor's acts, omissions, loss or damages to property, assets in the party's premises. The Party will remain responsible for any subcontracting work under this agreement.

4. Term

CESP HN and the Party (The Parties) agree to the following terms in relation to Term:

4.1 Term between the Party and CESP HN

This agreement shall commence on the Commencement Date stated in **Item 5** of the Schedule and is for a duration of 24 months unless terminated earlier in accordance with Clause 7 in this agreement or extended under Clause 6. The expected completion date is by the End Date as per **Item 6** of the Schedule.

- 4.1.1 This Agreement can be extended by CESP HN and the Party and any extension will be from the End Date and a request for extension will be applied per Clause 6. The Party and CESP HN will complete and sign an extension of time form.

5. Remuneration

5.1 The Party must submit to CESP HN an Invoice in respect to the deliverables completed as per **Item 4** of the Schedule:

- a. as soon as practicable after the completion of the relevant deliverable;
or
- b. as otherwise agreed to by the parties.

5.2 Subject to Clause 5.3, CESP HN must pay the amount of the Invoice within 30 days of receipt, into the bank account nominated by the Party for that purpose.

5.3 If CESP HN disputes the Invoice issued by the Party, then:

- a. CESP HN must serve notice on the Party setting out the nature of the dispute and the amount which CESP HN asserts should be the amount of the relevant invoice;
- b. If the Party has not replied to CESP HN's notice within 5 business days of the date on which the notice is issued, then the Party is deemed to have accepted the variation of the amount owed to it and must issue a further invoice to CESP HN for the varied amount;
- c. If the Party does not accept the amount nominated by CESP HN in the notice served by CESP HN pursuant to Clause 5.3, then the Party must, within 5 business days of issue of CESP HN's notice of dispute, inform CESP HN that a meeting is to be convened between a representative of CESP HN and the Nominated Person of the Party within a further period of 7 business days to discuss and, if possible, resolve the dispute; and
- d. If the dispute is not resolved at the meeting between CESP HN and the Party, then the dispute must be referred to an expert nominated by the President of the Institute of Arbitrators and Mediators who must determine the dispute as an expert, who must make a determination as to which party is required to pay the costs of the expert determination and whose decision will be final and binding on CESP HN and the Party.

6. Extension of Time

6.1 The Party can seek an extension of time to deliver the agreed deliverables set out in **Item 6** of the Schedule and any extension must be in writing given to CESP HN prior to end of the 24 months of this contract and this notice is to be issued one [1] month in advance. The extension of time shall include date of deliverables in **Item 4** of the Schedule-Table 1, and

6.1.1 Extension of End Date.

6.2 For the avoidance of doubt, the extension of time does not include a request to increase the funding under this agreement.

7. Termination

7.1 Each party may terminate this Agreement in writing by giving five (5) business days' notice to the other on occurring of the following:

- a. If the party elects to cease the agreement without any cause and reason (no fault event).
- b. If the party defaults in the performance of any written material term of this Agreement where the party fails to remedy such default within seven (7) days of notice specifying the failure and requiring it to be remedied.

7.2 CESPHN may terminate this Agreement immediately by notice to the Party and the Party if:

- a. the Commonwealth Funding Agreement is terminated or reduced in scope by the Commonwealth or the Commonwealth otherwise withdraws or reduces the relevant grant; or
- b. CESPHN is satisfied on reasonable grounds that the Party or the Party is unable or unwilling to satisfy the terms of this Agreement.

7.3 CESPHN may terminate this Agreement by written notice if an insolvency event occurs in relation to the Party:

- a. The party ceases to, or is unable to, pay its creditors (or any class of them) in the ordinary course of business, or announces its intention to do so;
- b. A Receiver, Receiver and Manager, Administrator, Liquidator, Trustee in Bankruptcy, or similar officer is appointed to take over and manage the Party assets;
- c. The party enters, or resolves to enter, a scheme of the arrangement, compromise, or composition with any class of creditors;
- d. A resolution is passed, or an application to a Court is taken for the winding up, dissolution, official management, or administration of the Party; or
- e. Anything having a substantial or similar effect to any of the events specified above happens under the law applicable to this Agreement.

7.3 Subject to Clause 7 any payment made by CESPHN pursuant to Clause 2 shall be reimbursed by the Party on issuance of a credit note. CESPHN will provide a written notice in relation to any repayment/refund under this Clause.

8. Confidentiality

8.1 Parties to this agreement undertake to observe all privacy requirements when engaging in activities under this Agreement in accordance with the Privacy Act 1988 (Cth) (Privacy Act), Australian Privacy Principles 2019; the Health Records and Information Privacy Act 2002 (NSW) (HRIP Act), Health Privacy Principles 2021; the Privacy and Personal Information Act 1998 (NSW) and the Privacy Amendment (Enhancing Privacy Protection) Act 2012 (Cth). The terms "personal information" and "health information" have the same meaning as is given to them in the Privacy Act and the HRIP Act.

8.2 The Party undertakes to inform CESP HN immediately on becoming aware that any breach of privacy or security relating to information under its control has occurred.

8.3 Notwithstanding any other Clause in this Agreement, the Party expressly consents to the disclosure of its identity to the Commonwealth Department of Health with such consent extending to allowing the Commonwealth to publish information about the Provider, including its identity and the existence and nature of the Services under this Agreement.

8.4 The Party must:

- a. ensure that all Confidential Information is kept confidential and is not copied, published, disclosed or discussed with any person other than its Personnel who have a need to know and its authorised representatives;
- b. not use any Confidential Information except as required for the purpose of this Agreement and providing the Services;
- c. not disclose any Confidential Information except as required by law;
- d. if required by CESP HN ensure the Party's personnel enter into a deed of confidentiality with CESP HN in a form prescribed by CESP HN.

In this agreement, the meaning of the words Confidential Information, and Personnel means as follows:

Confidential Information means information pertaining to this agreement disclosed to the party by CESP HN; and information pertaining to this agreement disclosed by the Party to CESP HN. Information disclosed by the parties to this agreement to each and other are either Confidential Information or information relating to Intellectual Property Rights.

Personnel means contractors, subcontractors, consultants, suppliers, employees, agents and other persons engaged by the Contractor.

9. Intellectual Property Rights

9.1. Each party acknowledges that the ownership of and all rights in relation to Intellectual Property of either party or any third party that pre-exist this Agreement are and remain the property of that party and that there is no change to any right, title or interest in such Intellectual Property by virtue of this Agreement.

9.2. The ownership of any Intellectual Property in the Activity Materials and Materials shared, produced as a result of this Agreement vests solely in the CESP HN on its creation.

a. **Activity Material** means, in respect of the Program, any Material (including any Intellectual Property rights in that Material):

- i. created for the purpose of the Program including the materials outlining the Program in this agreement (other than Intellectual Property Rights belonging to the Health Centre/General Practice, or third party purchased and supplied to the Party);
- ii. provided, or required to be provided, to CESP HN in respect of the Program (including Material that is required by **Item 4**

- of the Schedule and the attachments in the Schedule to be provided to CESP HN in respect of the Program); or
- iii. derived at any time from the Material referred to in paragraphs (i) or (ii) of this definition;

b. **Material** means all CESP HN Program materials in this agreement, CESP HN training materials (Film, Webinar), documents, discussion papers, sketches, research reports, survey results, diagrams, and other material prepared by CESP HN during this agreement excluding any materials created by the Party, including any internal business operational policies, procedures, guidelines, or manuals for their organisation use.

Intellectual Property Rights means all industrial and intellectual property rights both in Australia and throughout the world, whether registered or not and whether now or devised in the future, and for the duration of the rights including any:

- i. Patents, copyright, registered or unregistered marks or service marks, trademarks, trade names, brand names, indications of source, or appellation of origin, registered designs and commercial names and designations, circuit layouts and database rights;
- ii. Ideas, processes, inventions, discoveries, trade secrets, know-how, computer software (both source code and object code), confidential information and scientific, technical and product information; and
- iii. Right to apply for or renew the registration of any rights.

10. Insurances

10.1 The Party must maintain at its own cost insurance policies with a reputable insurer to cover such risks and amounts as set out below and as per **Item 7** of the Schedule or as nominated by CESP HN from time to time and any and all liability of the Party respectively to CESP HN pursuant to this Agreement:

- i. General Public and Products Liability insurance covering legal liability to pay for personal injury and property damage arising out of or in connection with the performance of the services by the Party under this Agreement, with a limit of cover not less than the amount stated in **Item 7** of the Schedule;
- ii. Workers Compensation insurance in accordance with the requirements of, and for an amount of not less than the maximum amount specified in, relevant laws in respect of the Party's liability for any loss or claim by any person employed or otherwise engaged by it in or about the performance of the Services;
- iii. Professional indemnity insurance covering liability for any act, error or omission arising out of or in connection with the professional business practice of the Party with a minimum of coverage of the amount stated in **Item 7** of the Schedule;
- iv. Cyber liability insurance covering liability for cyber security incidents arising out of or in connection with the performance of the Services by the Provider under this Agreement,

including but not limited to data loss, failure to maintain confidential information and business interruption, with a limit of cover not less than the amount stated in Item E of the Schedule; and

- v. Such other insurances necessary to cover the Party's obligations and risk in relation to the services, including adequate insurance to cover volunteers as per organisation requirement.

10.2 Entity insurances must cover all locations stated in the Agreement.

10.3 The Party must retain the insurances during the term of this agreement and upon request from CESPHN furnish a current certificate of insurance per Clause 10.1 (i, ii, iii, and iv).

10.4 The Party must maintain the insurance cover set out in Clause (10.1.) for a period of 7 years after termination of this Agreement in relation to insurance policies which are on a "claims made" basis.

10.5 CESPHN acknowledge the NSW Government's Treasury Managed Fund arrangements as sufficient for compliance with the insurance obligations of this Agreement.

11 Variation and waiver

- a. Unless this Agreement expressly states otherwise, this Agreement may only be amended in writing signed by all the parties.
- b. A provision of this Agreement may only be waived in writing signed by the person who has the benefit of the provision and who is therefore to be bound by the waiver.
- c. A waiver by one party under any Clause of this Agreement does not prejudice its rights in respect of any subsequent breach of this Agreement by the other party.
- d. A party does not waive its right under this Agreement because it grants an extension or forbearance to the other party.

12 Relationship between the Parties

12.1 The Party's relationship with CESPHN is that of an independent contractor.

12.2 Neither the Party nor CESPHN shall have and shall not represent that it has any power, right or authority to bind the other, or to assume or create any obligation or responsibility, whether express or implied, on behalf of the other or in the other's name.

12.3 Nothing in this Agreement shall be construed as constituting the Party and CESPHN as partners, or as creating the relationship of employer and employee, master and servant or principal and agent between the parties.

13 Service of notice

Unless this Agreement expressly states otherwise, any notice:

- a. must be in writing, directed for the attention of the relevant party; and
- b. must be:

- i. delivered;
- ii. sent by pre-paid mail;
- iii. emailed;

to the recipient's address, email address set out in this Agreement –**Item I-Notices**, or to the address, email address last notified by the recipient in writing.

13.1 **Receipt of notice**

A notice given in accordance with Clause 13 is treated as having been received:

- a. if delivered before 5:00pm (in the place it was delivered to) on a business day, on that day, otherwise on the next business day;
- b. if sent by mail, on the third business day (in the place it was sent from) after posting;
- c. if sent by email when the email is relayed by outlook; and

and the notice takes effect from the time it is received (or treated as received) unless a later time is specified in it.

14 **Governing law and jurisdiction**

14.2 This Agreement and the transactions contemplated by this Agreement are governed by the law enforced by New South Wales.

14.3 Each of the parties irrevocably submits to the jurisdiction of the Courts of New South Wales and all Courts called to hear appeals from the Courts of New South Wales in respect of this Agreement or its subject matter.

Executed as an Agreement

Signed for and on the behalf of EIS Health Limited

ABN 68 603 815 818 by its authorised representative:

Signature of Authorised Officer

Name of Authorised Officer (please print)

Position Held

Signed for and on the behalf of The Party (ABN XXX)

by its authorised representative:

Signature of Authorised Officer

Name of Authorised Officer (please print)

Position Held

| | | | | |
|-----------|-------------------|-----|--------|------|
| Item 1 | Date of Agreement | The | day of | 2025 |
|-----------|-------------------|-----|--------|------|

2 Name of the Party:
ABN:
Address:
Contact:
Email:

The payment of this fund is subject to completion of deliverables in **Item 4- Table 1 Deliverables and Timelines and Payment of Remuneration** and the Party will issue a tax invoice as per Clause 3.4.

Table 1: Deliverables and Timelines and Payment of Remuneration

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www.cesphn.org.au

| | | | | |
|--|---|--------------------------------------|---|------------|
| 2. Introductory consultation workshop as referred to in 2.4) | <ul style="list-style-type: none"> Attend introductory consultation workshop with all parties involved., which will include discussion of referral pathways, communication methods and data governance | The Party, CESPHN | | Enter Date |
| 3. Invoicing | <ul style="list-style-type: none"> Invoice CESPHN per Clause 3.4 and issue an invoice for 50 % payment | The Party | 2,500 | Enter Date |
| WHS training | <ul style="list-style-type: none"> Nurse Practitioner to complete WHS training of the refuge | The Party | | |
| 4. Progress Meeting | <ul style="list-style-type: none"> Discuss reporting requirements and take into consideration all parties' input. | | | |
| 5. Fulfilment of reporting requirements | <p>Deliver adequate data after 12 months of receiving DFSV Health Assist Services as stipulated by CESPHN and ABT Global</p> <p>The reporting will be cumulative of two reports, first will be at the end 12 months from signing this agreement and the second at the end of this contract before the End Date (item 6).</p> <p>Invoice CESPHN balance remaining (50%) per clause 3.4</p> | <p>Party</p> <p>Party and CESPHN</p> | <p>Note : this payment will be paid on completion of the second report at or about the End Date.</p> <p>2,500</p> | Enter Date |

| | | | | |
|-----------------------------------|--------------------------------------|-----------|--|------------|
| 6. Complete evaluation activities | Participate in evaluation activities | The Party | | Enter Date |
|-----------------------------------|--------------------------------------|-----------|--|------------|

Item 5 **Commencement Date**

Item 6 **End Date:** (unless extended per Clause 6 by the Party)

Item 7 **Insurances**

Public Liability - \$20 million
Professional Indemnity- \$5 million
Cyber liability insurance- to be assessed by the Party insurance company

Other than cyber liability, all other insurances stated above must be evidenced through the provision of a valid current certificate of currency. The values stated above are required to be the value of a single incidence. It is preferred that there is no limit to the aggregate value of claims on the policy, but if there is a reference to a capped aggregate value, it must be at least double the value of the single incidence requirement listed above.

Workers Compensation - (as per legislative requirements)

Item I: Notices

I.1 CESP HN's Contact details for legal notices:

| | |
|-----------------------|--|
| Name | Nathalie Hansen |
| Position | Chief Executive Officer |
| Phone | 1300 986 991 |
| Email | n.hansen@cesphn.com.au |
| Postal Address | Tower A, Level 5, 201 Coward St, Mascot NSW 2020 |

I.2 The Party's contact details and address for legal notices:

| | |
|-----------------------|--|
| Name | |
| Position | |
| Phone | |
| Email | |
| Postal Address | |

I.3 CESP HN's contact details for operational, services and contract management queries:

| | |
|-----------------|--|
| Name | |
| Position | |
| Phone | |
| Email | |

I.4 The Party's contact details and address for operational, services and contract management queries (Nominated Person):

| | |
|-----------------------|--|
| Name | |
| Position | |
| Phone | |
| Email | |
| Postal Address | |

I.5 CESP HN's contact details for invoicing purposes:

| | |
|--------------------|--------------------|
| Entity Name | EIS Health Limited |
| ABN | 68 603 815 818 |
| Email | "upload via Folio" |

I.6 Provider contact details for Folio checklists (Nominated Person):

| | |
|-----------------|--|
| Name | |
| Position | |
| Phone | |
| Email | |

Annexure 1

DFSV Health Assist – Model

The activities below are subject to change within reasonable limits and CESPHN and the Party will discuss and agree to any changes before the changes in the activities will be implemented. Any agreed changes will be written as an addendum to Annexure 1 and signed by the parties to this agreement

| | |
|-----------------------------------|--|
| Roles and Responsibilities | <p>The accommodation service/ Caseworker will:</p> <ul style="list-style-type: none"> • Organise Nurse Practitioner to complete refuge organization's WHS Training prior to entering the accommodation service • Coordinate with Coordinator between Medical Centre and the refuge • Involve in case management • Provide Work, Health and Safety, harassment and discrimination, privacy and personal information, security, record-keeping and reporting policies of the refuge to the Nurse Practitioner and provide training as necessary • Provide rooms for clinical services at the refuge • Promote the service to residents • Support clients to connect to local primary care providers upon leaving the refuge <p>The Party must work with the following personnel:</p> <p>Health Centre/General Practice who will</p> <ul style="list-style-type: none"> • Provide and manage a Nurse Practitioner and Coordinator • Support the financial administration of the brokerage funds for allied health and other health care services • Ensure Nurse Practitioner has a sound understanding of Work, Health and Safety (WHS) requirements • Ensure Nurse Practitioner has completed refuge organization's WHS Training prior to entering the accommodation service <p>Nurse Practitioner who will</p> <ul style="list-style-type: none"> • Provide health screenings, including population and situation specific health screenings • Conduct comprehensive, relevant and holistic health assessments and apply diagnostic reasoning to formulate diagnoses to inform clinical decision making • Consider quality use of medicines and therapeutic interventions in planning care, and prescribe and implement non-pharmacological and pharmacological therapeutic interventions in accordance with federal, state and territorial legislation and professional regulation governing nurse practitioner practice. • Advocate for, participate in, or lead systems that support safe care, partnership and professional growth through translating and integrating evidence into planning care, education and support of colleagues. • Refer and consult for care decisions to obtain optimal outcomes for the person receiving care and evaluates outcomes and improves practice. • Respond effectively to emergency situations and the changing status of the patient to deliver appropriate and effective care. |
|-----------------------------------|--|

| | |
|-------------------------------|--|
| | <ul style="list-style-type: none"> • Provide complex, advanced and extended clinical nursing services to clients/patients, including timely and accurate maintenance of health care information and documentation to facilitate positive health outcomes. • Practice in accordance with the applicable Professional standards including, Nurse Practitioner Competencies Code of Ethics for Nurses, and Code of Professional Conduct for Nurses • Make referrals to allied health and other health services where appropriate via the Coordinator • Maintain high level medical case notes • Comply with Work, Health and Safety, harassment and discrimination, privacy and personal information, security, record-keeping and reporting policies of the refuge. • Collect data as determined by ABT Global <p>Coordinator who will</p> <ul style="list-style-type: none"> • Receive and manage referrals from refuges • Liaise with refuge staff and healthcare providers to arrange appointments • Maintain and establish relationships with allied health and other services • Collect data as determined by ABT Global |
| Referral Pathways | <p>Caseworkers/ designated workers within the accommodation service participating in the DFSV Assist program will refer eligible clients to the coordinator.</p> <p>The format of referrals may differ (e.g. written, verbal or e-referrals), and structure for referral pathways will depend on existing systems.</p> <p>Caseworkers will have discretion to triage their clients.</p> |
| Communication | <p>Communication channels between staff of The Party and the healthcare centre/ general practice will be established upon commencement of the program.</p> <p>The Party and the healthcare centre/ general practice will participate in an orientation/onboarding process to ensure all parties have the same understanding and knowledge about the objectives and aims of the program.</p> |
| Reporting Requirements | <p>The Department of Health and Aged Care has engaged ABT Global to evaluate the program. Reporting requirements for the evaluation will be determined by ABT Global and shared at a later date.</p> <p>Reporting will be completed as per Table 1-item 6 in the Schedule.</p> |
| Evaluation | Participate in evaluation carried by CESPHN |

Annexure 2

Order form-DFSV Health Assist

| | Details |
|--|---------|
| Name of service | |
| Service address | |
| Name of lead contact person (who will champion the program, educate staff and encourage referrals) | |
| Please provide lead contact person contact details | |
| Availability of consulting rooms available for the Nurse Practitioner to attend clients (specify days and times available) | |
| Do you have procedures/ restrictions/ when providing services at your site? | |
| If yes, please specify. | |
| Do you have data governance systems in place ? If so, please provide details. | |
| Do you have WHS training procedures for employees who provide services at your site? If so, please provide details | |

.....
Signed by the Party's authorised personnel per Item 1.6 - Item 1- Notices

.....
Signed by CESPHN's authorised personnel per Item 1.4 -Item I-Notices or as authorised otherwise by
authorised personnel in Item 1.4.

Dated: