

# Ramsay Connect Virtual

## Diabetes Using Our Strengths Service Community Referral Pathway

*Supporting artwork produced for DUOSS by FNCWR with Aboriginal artist Craig Carson, Wakka Wakka*

### What is the Diabetes Using Our Strengths Service?

We invite Aboriginal and Torres Strait Islander patients to participate in the Diabetes Using Our Strengths Service (DUOSS) research project. DUOSS is a technology enabled service that supports patients to manage their type 2 diabetes. The service consists of face-to-face and virtual consultations and operates during business hours. It is delivered by a Diabetes Educator, Registered Nurse and Aboriginal Health Worker. We provide holistic care and support in collaboration with the patient's existing health care team. Our collaborative approach includes escalating medical issues to the patient's General Practitioner (GP). The DUOSS includes:

- Diabetes education for patients, family, and community
- Support for patient self-monitoring of blood sugar, blood pressure, weight, and physical activity
- Bluetooth enabled remote patient monitoring
- Availability of a GP led, protocol driven insulin titration performed by our Diabetes Educator (with GP authorisation only). Please reach out to the DUOSS team if you would like to request insulin titration. Otherwise, the DUOSS team may contact you in future to request authorisation if clinically required.

DUOSS has been developed with clinical experts in consultation with First Nations representatives and local healthcare providers and is funded through the Australian Government's Targeted Translation Research Accelerator program, delivered by MTPConnect. The service is a partnership between University of Queensland, Ramsay Connect and Australian Unity Aboriginal Home Health.

### How can I refer to DUOSS?

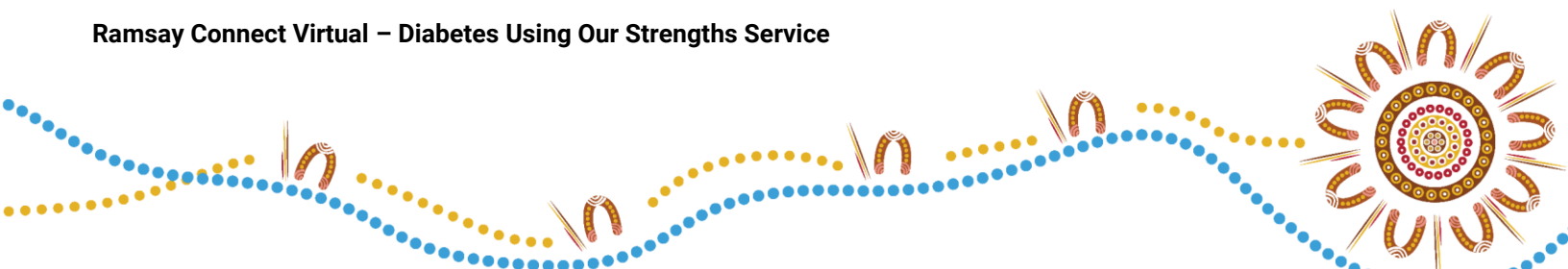
There are no costs associated with participating in DUOSS. Any general practitioner can refer to DUOSS by:

1. Completing the DUOSS referral form (see next page)
2. Include the patients recent HbA1c and eGFR results in the pathology section (within 3 months), or order these tests if required
3. Provide your recommendations for parameters and frequencies for monitoring of blood sugar and blood pressure as clinically required
4. Attach a copy of the patient's health summary (if available)
5. Email the referral form, along with any supporting documentation to [virtualcare@ramsayconnect.com.au](mailto:virtualcare@ramsayconnect.com.au)

Should you have any questions, please don't hesitate to contact Ramsay Connect Virtual on 1300 131 186, or email at [virtualcare@ramsayconnect.com.au](mailto:virtualcare@ramsayconnect.com.au). We look forward to receiving your referral.

Kind Regards

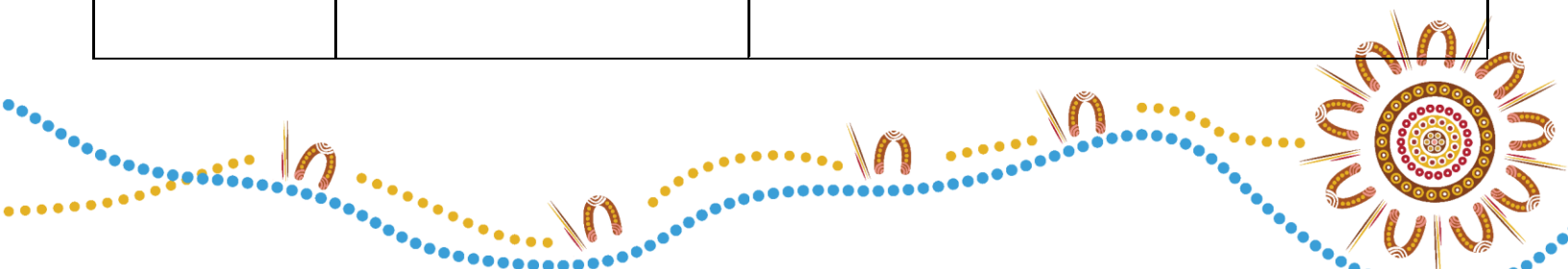
Ramsay Connect Virtual – Diabetes Using Our Strengths Service



## DUOSS Community Referral Form

\*Indicates mandatory field

PROGRAM ADMISSION CRITERIA			
Inclusion Criteria*		Exclusion Criteria*	
<input type="checkbox"/> Identifies as Aboriginal and/or Torres Strait Islander <input type="checkbox"/> Informed consent to participate <input type="checkbox"/> Diagnosis of type 2 diabetes (T2DM) <input type="checkbox"/> Aged 18 years or older <input type="checkbox"/> Able to understand and communicate in basic English <input type="checkbox"/> Would benefit from community-based self-management support and remote patient monitoring to improve long term health outcomes <input type="checkbox"/> Can use a smartphone or tablet to enter health information into an application and complete video or phone calls with DUOSS staff and clinicians <input type="checkbox"/> Have sufficient mobile reception and/or wifi at their residence (Please note that all equipment, including measurement devices and a tablet with a 5G data SIM card can be provided to patients if required)		<input type="checkbox"/> None <input type="checkbox"/> Patients with end stage renal failure (eGFR <30) from the GP led insulin titration by the accredited Diabetes Educator component of DUOSS <input type="checkbox"/> Patients with cognitive impairment <input type="checkbox"/> Patients in palliative care	
Comments:			
PATIENT DETAILS		REFERRER DETAILS	
First Name*		Organisation*	
Middle Name		First Name*	
Surname*		Last Name*	
Preferred Name		Phone*	
Date of Birth*		Email*	
Contact Number*		Referrer role*	
Address*		Referrer signature*	
Suburb*			
State*			
Postcode*			
Email			
NEXT OF KIN DETAILS		GP DETAILS	
Name*		<input type="checkbox"/> Same as referrer details (leave this section blank)	
Relationship*		First Name*	
Contact Number*		Last Name*	
		Organisation*	
		Contact Number*	
		Email	



HbA1c		eGFR	
<input type="checkbox"/> Copy of recent results provided to patient		<input type="checkbox"/> Copy of recent results provided to patient	
<input type="checkbox"/> Copy of recent results provided to Ramsay Connect at <a href="mailto:virtualcare@ramsayconnect.com.au">virtualcare@ramsayconnect.com.au</a>		<input type="checkbox"/> Copy of recent results provided to Ramsay Connect at <a href="mailto:virtualcare@ramsayconnect.com.au">virtualcare@ramsayconnect.com.au</a>	
<input type="checkbox"/> New HbA1c test ordered with results to be sent to patient and/or Ramsay Connect		<input type="checkbox"/> New eGFR test ordered with results to be sent to patient and/or Ramsay Connect	
<input type="checkbox"/> Last HbA1c result: Date of test:		<input type="checkbox"/> Last eGFR result: Date of test:	
<b>MONITORING FREQUENCY AND TARGETS (GP USE ONLY, LEAVE BLANK IF REFERRER NOT A GP)</b>			
Please recommend clinically appropriate frequencies and targets for monitoring of blood sugar and blood pressure. All measurements will be contextualised within the patient's clinical presentation. Measurements outside these targets that cannot be managed within the scope of the DUOSS Diabetes Educator and Registered Nurse will be escalated to either yourself as the patient's GP or emergency medical care depending on the clinical situation.			
Measurement	Frequency	Targets	
Fasting/ Pre-prandial blood sugar	<input type="checkbox"/> Not required <input type="checkbox"/> Recommended at the following frequency (please specify below) _____	<input type="checkbox"/> Default (4 mmol/L to 9 mmol/L)	<input type="checkbox"/> Custom (please specify below) Min: _____ mmol/L Max: _____ mmol/L
Post-prandial blood sugar	<input type="checkbox"/> Not required <input type="checkbox"/> Recommended at the following frequency (please specify below) _____	<input type="checkbox"/> Default (5 mmol/L to 13.9 mmol/L)	<input type="checkbox"/> Custom (please specify below) Min: _____ mmol/L Max: _____ mmol/L
Blood Pressure	<input type="checkbox"/> Not required <input type="checkbox"/> Recommended at the following frequency (please specify below) _____	<input type="checkbox"/> Default (100/60 to 140/90 mmHg)	<input type="checkbox"/> Custom (please specify below) Min: _____ Max: _____
<b>PAST MEDICAL HISTORY</b>		<b>OTHER RELEVANT INFORMATION</b>	
<b>REFERRAL ATTACHMENTS</b>			
Please attach a copy of the patient's health summary if available			

