

Optimal Health

ANNUAL AUDIT TOOL

The following audit tool has been designed with the intention of gaining an understanding of how the Optimal Health Program (OHP) is implemented in your organsiation and potentially highlight areas where we can provide added support and assistance in ongoing training, practitioner development and service delivery.

This tool also allows Optimal Health to identify where OHP has been used to secure funding opportunities to create transparency and accountability for the promotion of OHP by partner agencies.

Please complete a copy of this tool for each service that your organization has received funding for by attesting to deliver OHP to clients in your tender applications and contracts.

Please return completed copies to [admin@optimalhealth.org.au](mailto:admin@optimalhealth.org.au)

Failure to complete the tool may result in notification of withdrawal of OHP from use and or notification of failure to report on OHP activity to the appropriate Minister, Department or funding bodies.

Optimal Health greatly appreciates your assistance in completing this audit tool.

All Enquires directed to

Optimal Health

PO BOX 415 PRAHRAN VIC 3181

admin@optimalhealth.org.au

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| --- | --- | --- | --- |
| **Details** | | | |
| NAME OF ORGANIZATION |  | | |
| REPRESENTATIVE COMPLETING THIS AUDIT |  | | |
| CONTACT DETAILS |  | | |
| AUDIT START DATE |  | Audit End Date |  |
| SERVICE NAME |  | | |
| SERVICE LOCATION |  | | |

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**Part A- Participant Information**

1. Table1. How many participants undertook the Optimal Health Program in the last twelve months in your location and from this number, how many completed the full program?

|  |  |  |  |
| --- | --- | --- | --- |
| **Table 1**  **Participant Information** | **Number (n=)** | **Number (n=) of participants that completed the full program** | **Comments** |
| One-to-one Mental Health |  |  |  |
| One-to-one Substance Use |  |  |  |
| One-to one Wellbeing |  |  |  |
| Group Program Mental Health |  |  |  |
| Group Program Substance Use |  |  |  |
| Group Program Wellbeing |  |  |  |

1. **Intake Referral Evaluation**

In the last twelve months has there been evaluation of the referral process for intake of OHP? …………………Yes/No (Please circle)

If yes, please outline the evaluation process and tools used and list key points that emerged from the data

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1. **Need for referrals during program implementation**

In the last twelve months has there been evaluation of the number and nature of referrals required by OHP participants whilst engaged in OHP? Examples of referrals can include to; health care professionals, housing supports, Centrelink, vocational supports, mental health supports etc. ……......................................................................................................................................................................Yes/No (Please circle)

If yes, please outline the evaluation process and list key points that emerged from the data

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1. **Outcome assessment of OHP participation**

In the last twelve months has OHP participant outcome been measured?…………………………………………………………..Yes/No (Please circle)

If yes, please outline assessment methodology (survey, questionnaire, interview, session notes) including timeframes and list key points that emerged from the data

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1. **In between coaching catch-up sessions**

In the last twelve months have in-between coaching catch-up sessions been implemented and evaluated?.........Yes/No (Please circle)

If yes, please outline the process of implementation and evaluation and list key points that emerged from the data

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**Part B. Staff Information**

1. How many staff were trained in OHP in the associated Service or location to facilitate OHP? Please complete Table 2.

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| --- | --- |
| **Table 2**  **Staff Information** |  |
| **Two Day Practitioner Training** | **Numbers (n=)** |
| Mental Health (MH) |  |
| Substance Use (SU) |  |
| Wellbeing (WB) |  |
| Workplace Wellbeing (WPWB |  |
| **6 Month Booster** |  |
| **12 Month Booster** |  |

1. **Fidelity Checklist**

Please complete the following table designed to provide us with information pertaining to the nature of delivery of OHP in your location.

|  |  |  |
| --- | --- | --- |
| **Measure** | **Number (n=)** | **Comments** |
| Total number of OHP practitioners in this audit service or location |  |  |
| OHP practitioners who plan for sessions using the appropriate OHP Workbook? |  |  |
| OHP practitioners who implement in-between coaching catch-up sessions with each participant as per protocol |  |  |
| OHP practitioners who understand the distinction between formal and informal OHP |  |  |
| OHP practitioners who replace pieces of the program with other practices such as mindfulness or meditation |  |  |
| Number of OHP Workbooks distributed to participants |  |  |
| OHP practitioners who build health plans with participants throughout the delivery of the program |  |  |

**Fidelity Checklist**

Please complete the following table designed to provide us with information pertaining to the nature of delivery of OHP in your location.

|  |  |  |  |
| --- | --- | --- | --- |
| Do OHP practitioners in your location demonstrate the following | Number that do  (n=) | Number that do not  (n=) | Comments |
| Plan for sessions using the appropriate OHP Workbook |  |  |  |
| Apply formal OHP and informal OHP strategically to meet client needs |  |  |  |
| Refrain from replacing pieces of the program with other practices or protocols such as mindfulness |  |  |  |
| Order and distribute OHP Workbooks to participants for participants to use and keep |  |  |  |
| Ensure health plans are developed and built on throughout the program |  |  |  |

|  |  |
| --- | --- |
| Conclusions and Feedback | |
|  | |
| Date |  |
| Signature/s |  |

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