

Service Coordination Reporting 2012 - 2013

Catchment Outcome Summary

SURVEY RESULTS SUMMARY

Note

It is acknowledged that there are some anomalies in analysis of the data received, these are as follows;

- Individual interpretation of question
- Understanding and truly meeting criteria to answer yes
- Context to response is not provided
- Regional agency information provided for 'base questions' possibly not truly reflecting the activity in Southern Mallee sites – eg. Response more appropriate to head site (Mildura / Bendigo) not regional site (Buloke, Gannawarra, Swan Hill)

It is expected the information provided is strong enough to provide SMPCP Members with information that can be discussed and collaborated on to develop SMPCP Southern Mallee Service Coordination Plan.

Participation

Twelve SMPCP Member Agencies participated in the Annual Service Coordination Report 2012 – 2013 which is very pleasing as this was higher than the target of eight SMPCP Member Agencies noted in [SMPCP Operational Plan 2013 -2017](#).

The organisation sectors involved in the reporting have been Councils, Hospitals, Community Health and Community Services. No less than twenty eight services / programs areas have been assessed in the process demonstrating the breadth of Service Coordination practice. The top three service / program areas were Primary Health, Community Health and Aged and Home Care, followed by Acute Health, Disability and District Nursing.

Service Coordination Systems

Electronic communication systems are in place for the majority of SMPCP Members who reported with Connectingcare the predominant system in use. Argus is also in use which is a preferred communication system of General Practice. Two SMPCP Members are currently not utilising a secure communication system and reference was made to the use of an insecure systems i.e. Microsoft Office and Fax.

A range of Client Management Systems are used across the catchment. Those that do have Service Coordination Tool Template (SCTT), 50% have the 2012 version while the remainder have 2009 version. There was some indication that there is confusion for some staff between what is a client management system and a secure communication system.

The Service Coordination Tool Templates used most commonly are the *Core Templates* with other optional templates being used considerably less. Further discussion and “unpacking” the use of the SCTT, (including templates requested, frequently sent and most received), would assist in providing more context to enablers and barriers in using SCTT effectively.

In the Southern Mallee it is reported there are documented local agreements in place for Shared care / case planning and that they are being implemented. This indicates the development of local agreements are supportive of the practice of Shared care / case plans.

Documented communication processes with General Practices are limited but once again where they are in place they are reported as mostly being implemented.

While there are Local Agreements in place between some agencies it has been reported there is interest in the development of Local Agreements for service / program areas. Further discussion with the respective agencies will need to occur and be explored so activity to support this is relevant to the local context.

Practice Measures

The majority of respondents conducted their file audits to assess the benchmark of 70% for each criterion in a random manner viewing ten files.

Initial Needs Identification is reported as commonly occurring in the Southern Mallee meeting the benchmark of 70% and with the majority resulting in documented decisions about referrals and assessments.

The benchmark of 70% of Referrals (internal and external) being made using the SCTT is more likely not to occur. Viewing this data with the information regarding the use of SCTT indicates further discussion needs to occur to understand why this is the case and what is needed to increase the use of SCTT.

Consumers with multiple or complex needs who are receiving service from more than one service is likely to have a shared care / case plans only 50% of the time and this is even less likely to have been communicated with the GP.

Other Information

The online learning modules for Service Coordination and SCTT are not strongly being accessed in the Southern Mallee as a resource to increase practitioner knowledge of Service Coordination practice or in the use of the SCTT.

There was an indication that in the Southern Mallee "All" agencies should be using secure electronic communication and with GP's as an individual sector identified as needing to adopt the practice.

There were three areas of training, education and support for undertaking and improving Service Coordination practice quite clearly identified, these are;

- Service Coordination Practice: Privacy, Care Planning – goal directed, sharing care plans
- Service Coordination Resources: SCTT
- E-Communication: Connectingcare and E-referral

CONCLUSION

The Annual Service Coordination Reports 2012 - 2013 and additional questions have provided SMPCP Members with information, benchmarks and evidence of current Service Coordination systems and practice across the catchment. The reports have identified areas where there is an interest and need for increased knowledge and improved practice of Service Coordination.

The strong participation of SMPCP Member Agencies in the reporting process is a very good indication there is good interest in progressing Service Coordination practice so that it is a coordinated and supported system for consumers and agencies.

AREAS OF FOCUS FOR SMPCP MEMBERS CONSIDERATION INCLUDE;

PROMOTE:

- Resources such as;
 - SCTT and Victorian Service Coordination Practice Manual
 - Online learning modules (Service Coordination and Service Coordination Tool Templates)
 - Secure Electronic Communication: Connectingcare and Electronic -messaging

CAPACITY BUILDING

- To increase knowledge of Service Coordination Practice
- Understanding and using the Service Coordination Tool Templates (SCTT) effectively
- Care planning – goal directed and sharing care plans
- Privacy
- Connectingcare

PROJECTS

- Increase uptake and use of Secure Electronic Communication

Developing and strengthening local agreements

- Based on LGA interest and identified agencies
- Target sectors: All and GP's

NEXT STEPS

SMPCP Members will come together on the 27th November 2013, at Mallee Family Care Boardroom, Swan Hill to discuss the outcomes of the Annual Service Coordination Reports 2012 – 2013 for the SMPCP Catchment and local government areas at the SMPCP Coordinating Service Coordination Forum.

The information gathered by the Annual Service Coordination Reports 2012 – 2013 and the consultation undertaken with SMPCP Members will inform the development of Southern Mallee Service Coordination Plan as noted in [SMPCP Operational Plan 2013 -17 activity area Service Coordination](#) (Refer to page 10 -12).

The development and implementation of Southern Mallee Service Coordination Plan will be based on SMPCP Operational Plan which has a strong LGA focus and catchment activity. The Southern Mallee Service Coordination Plan will be confirmed by Southern Mallee PCP LGA Partnership Groups and SMPCP ICDM Forum.

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Service Coordination Reporting 2012 - 2013

Catchment Report

INTRODUCTION

Background

Since 2001, Primary Care Partnerships (PCP) have been working toward improving the way health and human services are coordinated. Service coordination is a key element of the PCP Strategy, which ensures that people have access to the services they need, opportunities for health promotion, early intervention, coordinated care and improved outcomes.

The practice of service coordination particularly supports more effective ways of working with people with complex and multiple needs. For example, it provides a good foundation for the practice of integrated chronic disease management.

- The Service Coordination Report is a requirement for the Department of Health and Primary Care Partnership annual reporting requirements.
- The service coordination practice items are an audit based on the standards in the [PCP Continuous Improvement Framework 2012](#) that supports the [PCP Victorian Service Coordination Practice Manual 2012](#)
- Reporting items draw on PCP work including benchmarking measures that have been obtained from previous surveys
- The purpose of reporting is for your agency to identify areas that require greater focus and considered actions toward continuous quality improvement
- The report is a tool to inform areas of future work of the PCPs, Department of Health and relevant government departments in relation to service coordination and integrated chronic disease management

Annual Service Coordination Reporting Process for 2013

Service Coordination Reporting 2012 – 2013 followed the same format as the previous year with the requirement of agencies to report on Service Coordination *Systems Measures* and *Practice Measures* by answering a series of questions and conducting a file audit. This year Southern Mallee Primary Care Partnership added several additional questions with the purpose to gather information which will support the development of SMPCP Service Coordination Plan as identified in [SMPCP Operational Plan 2013 -17 activity area Service Coordination](#) (Refer to page 10 -12).

A package of information was distributed to SMPCP Member Agencies which included;

- Service Coordination Reporting 2013 Agency Information incorporating;
 - Steps to preparing and completing Service Coordination Reporting 2013
 - Service Coordination Agency Questions
 - Audit Tool for files (example and blank template)
- Service Coordination Agency Reporting Tool 2013 - Survey Monkey

SMPCP Member Agencies who reported through another Loddon Mallee Region (LMR) PCP were provided with SMPCP additional questions with the request to complete them; the responses for the base questions were sourced from the other PCP so reporting is only completed once. The purpose of this action is to include all SMPCP Member Agency data in analysis for the catchment and to contribute the evidence to the development of SMPCP Service Coordination Plan.

REPORT NOTE

The following report has been collated by the information collected and collated from Annual Service Coordination Reports 2012 -2013 and Additional Questions included by and for the benefit of SMPCP. Where an agency has reported through another LMR PCP the responses to the base questions have been sourced where possible and included in the following analysis; additional questions were provided by and reported to only SMPCP. It should be noted that some of 'base question' data has been absent at the time of collating this report and in some instances may not accurately relate to sites that sit within the Southern Mallee.

It is expected the information provided is strong enough to provide SMPCP Members with information that can be discussed and collaborated on to develop SMPCP Southern Mallee Service Coordination Plan.

OUTCOMES

Participation

Twelve SMPCP Member Agencies participated in Service Coordination Reporting 2012 – 2013, three of whom reported via another LMR PCP.

SMPCP Member Agencies who have participated, the Organisation type and the LGA they represent are as follows;

Buloke LGA

Buloke Shire Council	Council
East Wimmera Health Service	Hospital
Mallee Track Health and Community Services	Hospital

Gannawarra LGA

Cohuna District Hospital	Hospital
Gannawarra Shire Council	Council
Kerang District Health	Hospital
Northern District Community Health Service	Community Health

Swan Hill LGA

Swan Hill District Health	Hospital
Swan Hill Rural City Council	Council

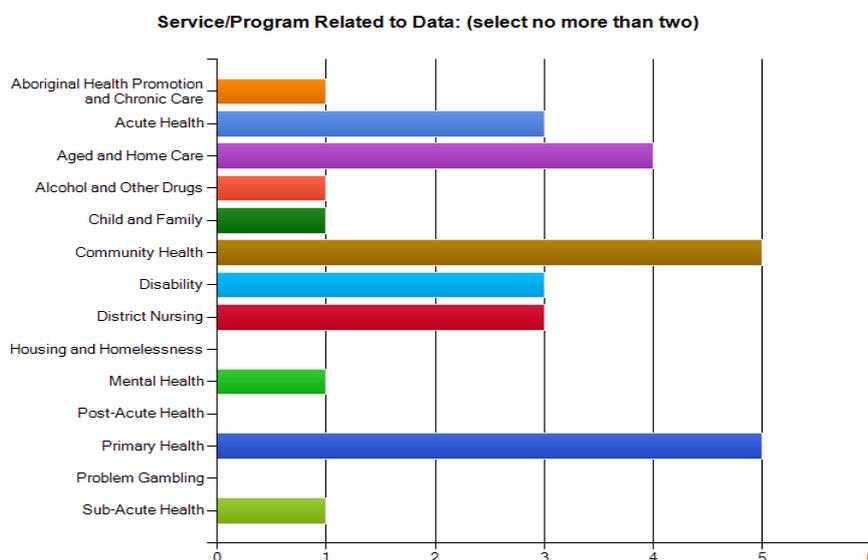
Regional

Bendigo Health	Community Health
Mallee District Aboriginal Services	Community Health
Mallee Family Care	Community Services

The majority of organisations responded as whole organisations; the exceptions were Swan Hill District Health, Bendigo Health and Mallee Family Care. Swan Hill District Health had seven departments participate, Mallee Family Care – Swan Hill had one department participate and Bendigo Health - Swan Hill services had two departments participate.

Services/Programs

The majority of Services/Programs relating to the data is from Primary Health, Community Health, Aged and Home Care, Acute Health, Disability and District Nursing. A total of twenty eight services across SMPCP Member Agencies have been considered in the reporting process.



SYSTEMS MEASURES

Secure Electronic Messaging

Across the Southern Mallee Connectingcare is the predominant secure electronic messaging system being used by eleven agencies, in some instances Argus is used along with Connectingcare as a means of secure communication with GP clinics. Two agencies have reported they are not currently utilising a secure messaging system and one response was received that MS Outlook was being used.

Client Information Management Software

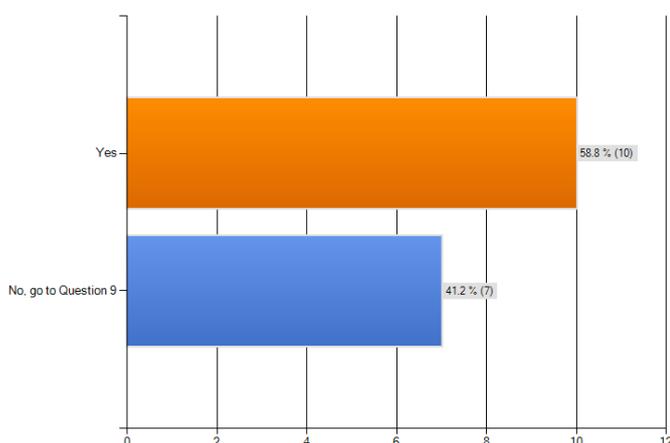
A total of eight Client Information Management Software applications are being used in the Southern Mallee these include iPM, Carelink+, PJB, Communicare and City Manager.

In response to this and the previous question in some instances there appeared to be some confusion as to what was a client management system and a secure messaging system.

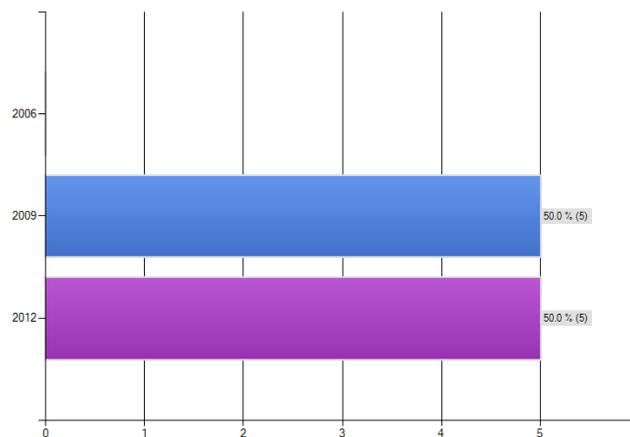
Client Information Management Software support Service Coordination Tool Templates (SCTT)

The 58.8% of Client Information Management Software used across the Southern Mallee supports the SCTT and currently 41.2% does not; of the systems that do support SCTT there is 50% each with the 2009 version and the revised 2012 version.

Does your client information management software application or patient information management system support Service Coordination Tool Templates (SCTT) or the SCTT General Practice referral?



Which version of SCTT does your client information management software application or patient information management system support?



Use of the SCTT:

- Agencies request when receiving a referral
- Use most frequently when sending a referral
- Agencies receive the most when receiving a referral

The Service Coordination Tool Templates that are used most commonly in all instances are the *Consumer Information, Referral cover sheet and acknowledgement, Summary and referral information* and *Consent to share information*.

It is evident that other templates are used a lot less. Of the responses provided agencies are requesting they receive the *Functional assessment summary, Shared support plan and Health and chronic conditions* the most.

The templates that are being sent most frequently are *Need for assistance with activities, Shared support plan and Health and chronic conditions*. The templates that are being received the most are *Need for assistance and health and chronic conditions*. The report indicates that Shared support plans are not being received in referral which does not correlate with what agencies have reported they are sending.

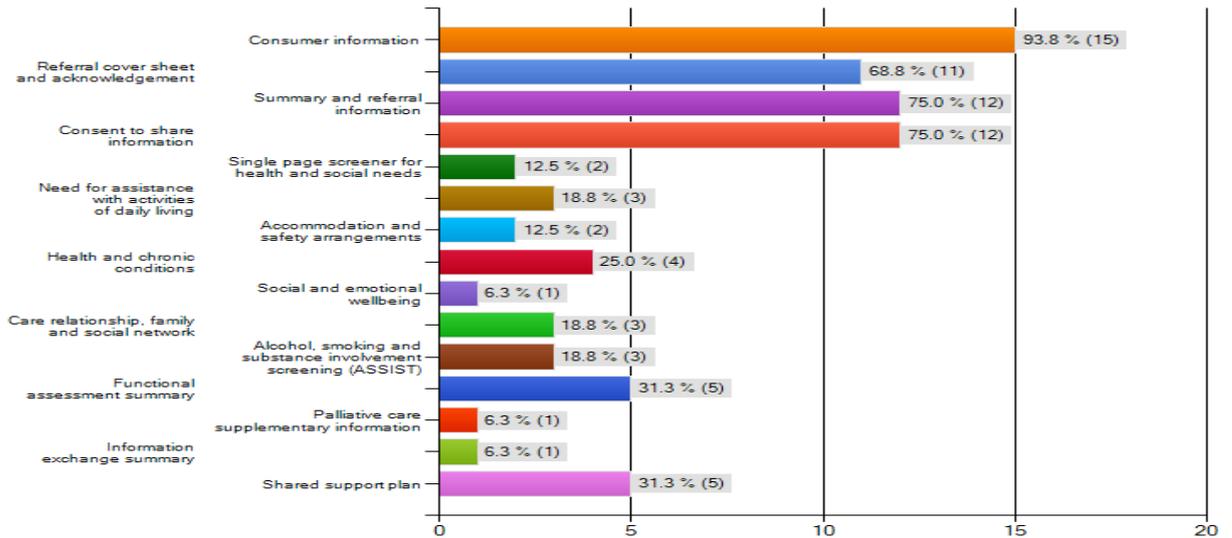
Several comments were received regarding the use of the SCTT these were as follows;

“The information supplied varies greatly depending who referred” and

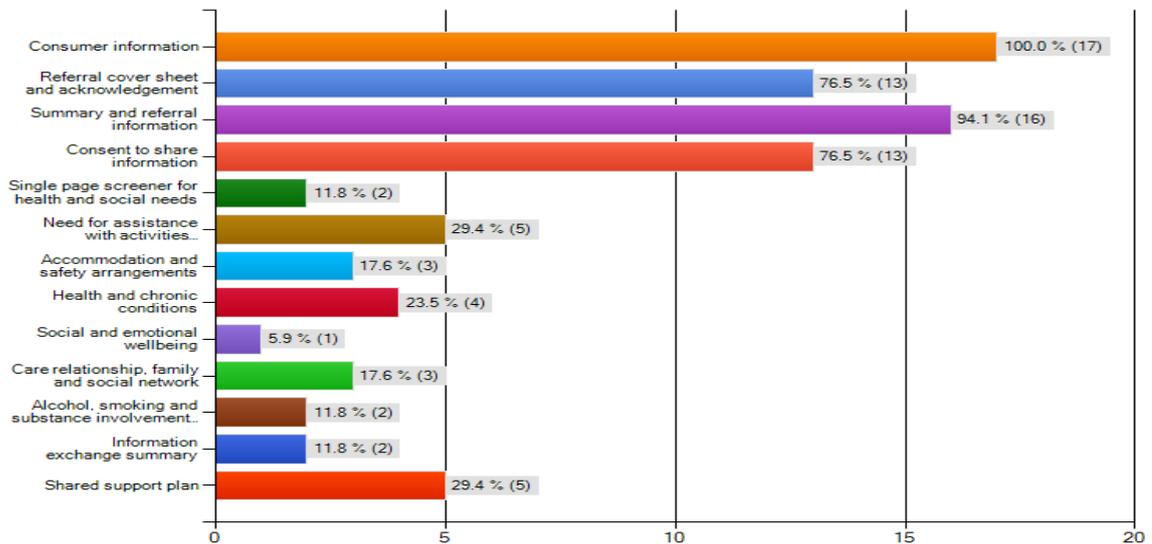
“We get every single page of the SCTT regardless of if it has been filled out”.

These comments do indicate that information being provided in referrals and the use of the SCTT is somewhat limited.

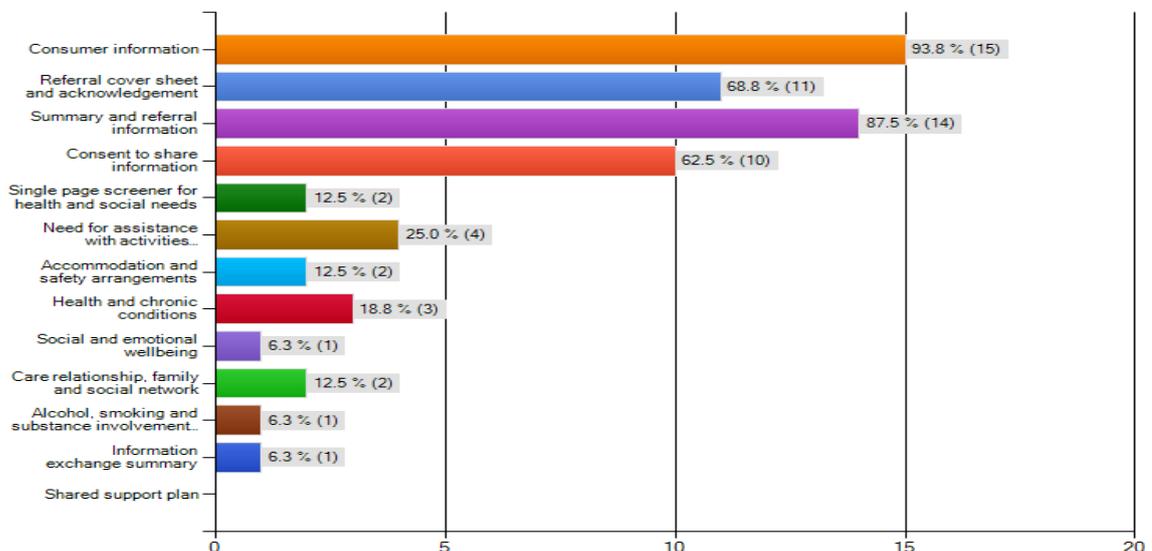
What parts of the SCTT does your agency request when receiving a referral?



What parts of the SCTT does your agency use most frequently when sending a referral?



What parts of the SCTT does your agency receive the most when receiving a referral?

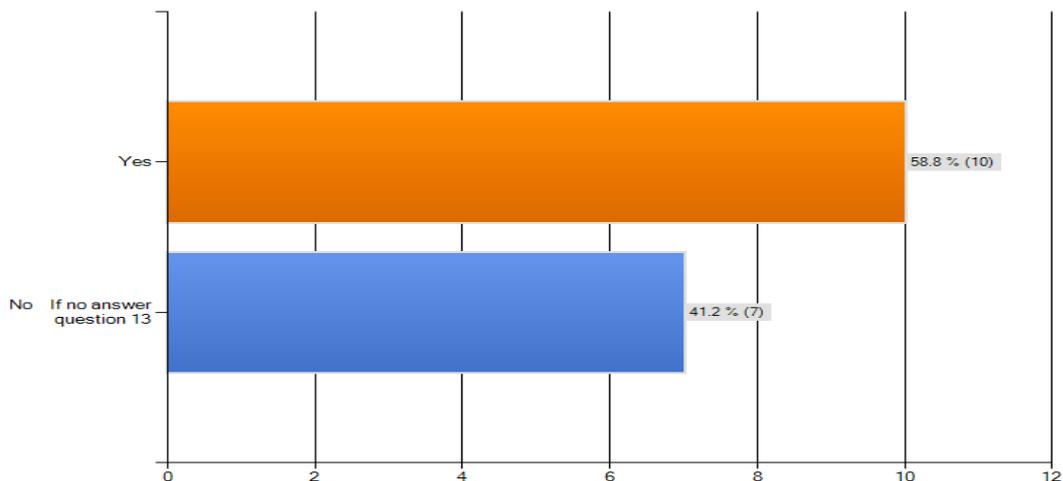


Local Agreements - Developed and Implemented

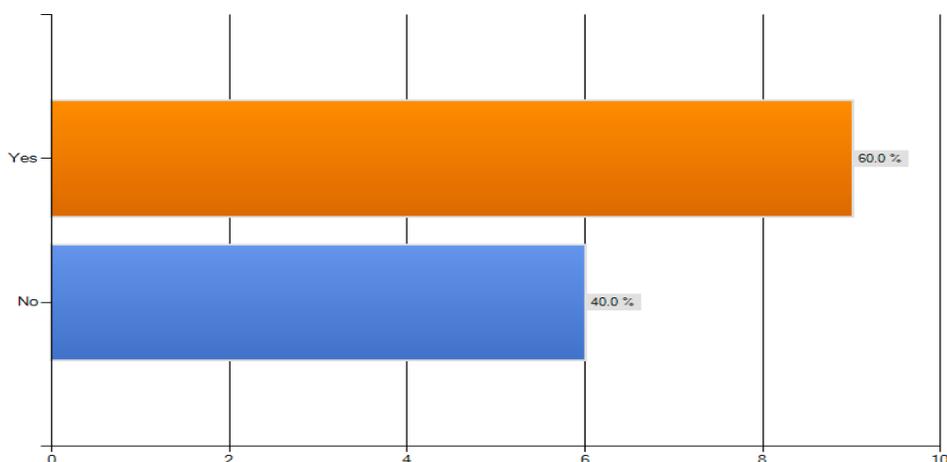
- **Shared care / case planning**

Of the 17 responses received to the question on local agreements to support shared care / case planning between services have been developed and implemented are on a par with each other for those that do have Local Agreements. Where the agreements are in place they are working therefore demonstrating the agreement is a supportive document to develop and agree on.

Have local agreements to support shared care / case planning between services been developed by your organisation?



Have local agreements to support shared care/case planning between services been implemented in your organisation?



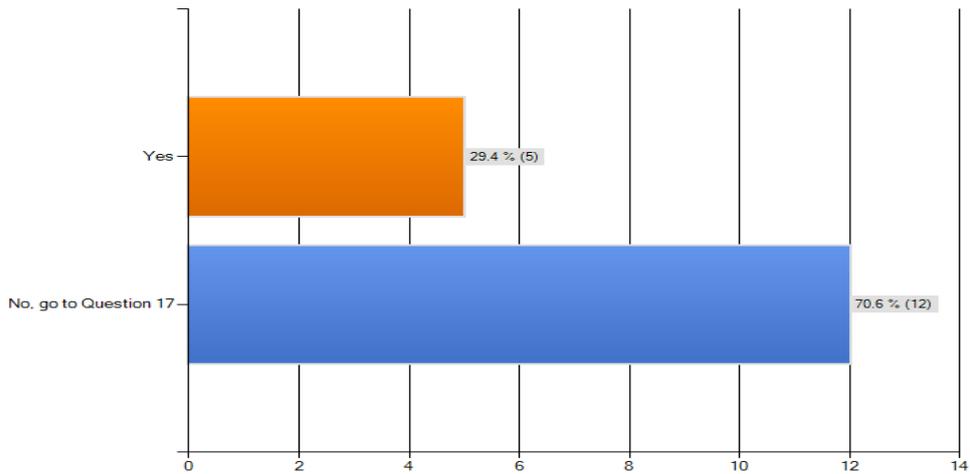
Communication processes with General Practice – Developed and Implemented

There were seventeen responses to the question “Have documented and agreed communication processes with General Practice been developed” with the majority of responses indicating that they **do not** have an agreed or documented process.

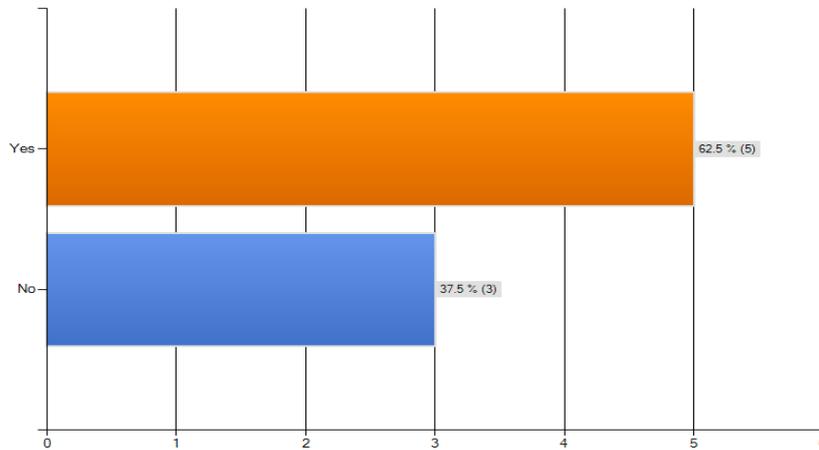
For the five responses received that they do have an agreed and documented process this is being implemented.

Several comments were provided to this question indicating that informal agreements are in place with General Practice. This could provide an opportunity to build on and develop formal agreements.

Have documented and agreed communication processes with General Practice been developed by your organisation?



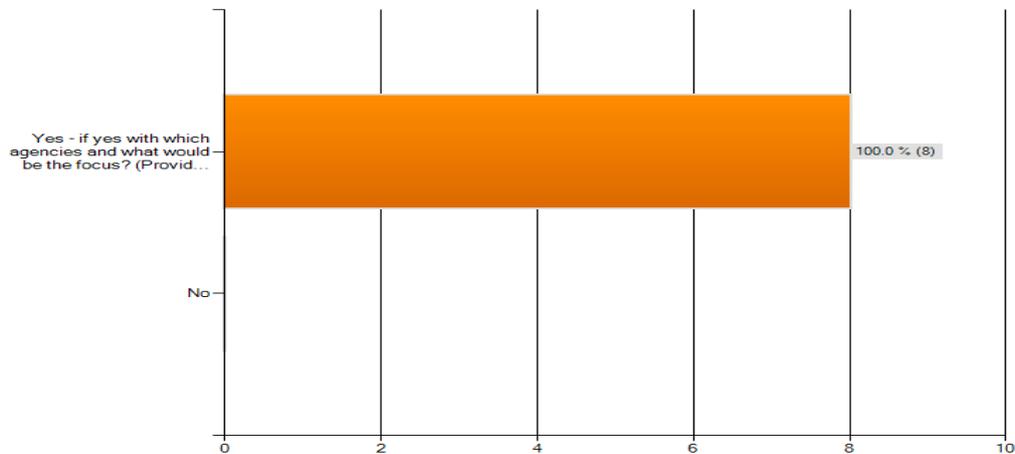
Have documented agreed communication processes with General Practice been implemented by the organisation?



Interest in the Development of a Local Agreement

Of the eight responses received all said yes that there is interest in developing a local agreement. In response to the question "With which agencies" the responses provided indicate that this is relevant to local areas and mostly local service providers. Details will be provided in LGA reports.

Would you consider the development of a local agreement?

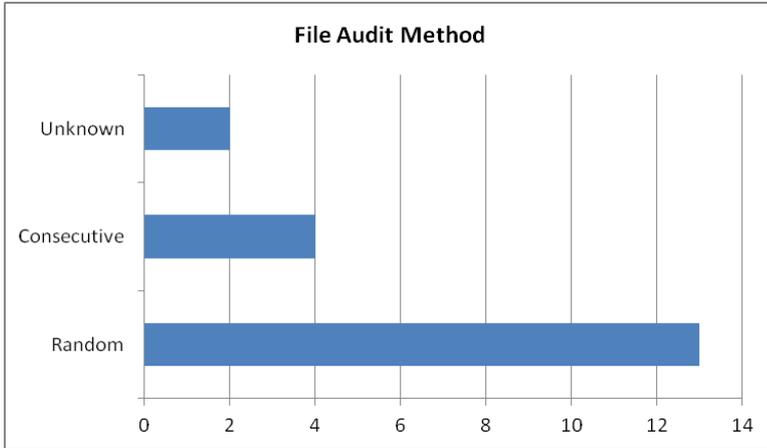


PRACTICE MEASURES

The assessment of the Practice Measures is undertaken by completing a file audit with the benchmark to answer Yes required a score of 70%. A file Audit Tool was provided for collection and assessment of the Practice Measures.

File Audit Process

The majority of the agencies and departments who completed the File Audits and answered this question conducted a Random File Audit.

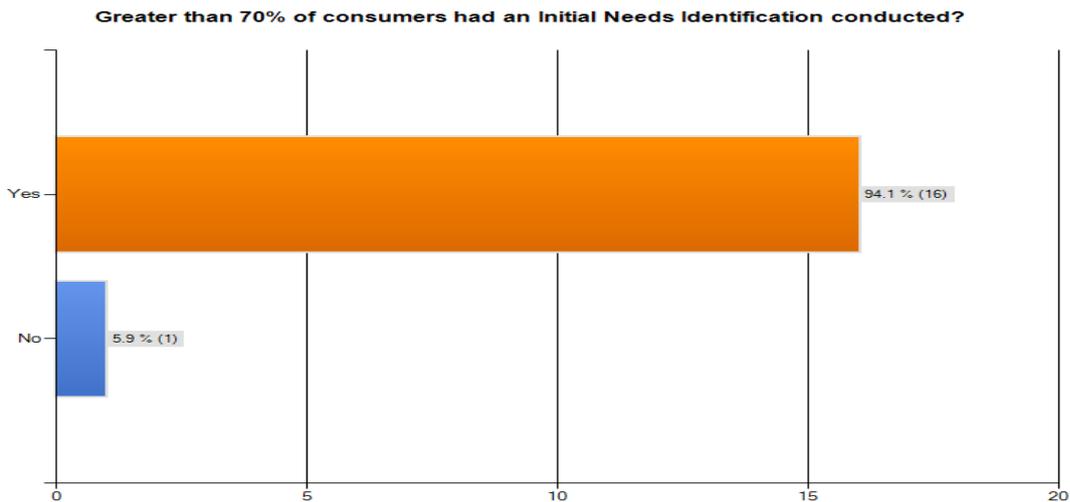


The number of files audited ranged between ten (10) and one hundred and twenty (120), the majority of files audited were ten, next being twenty and thirty.

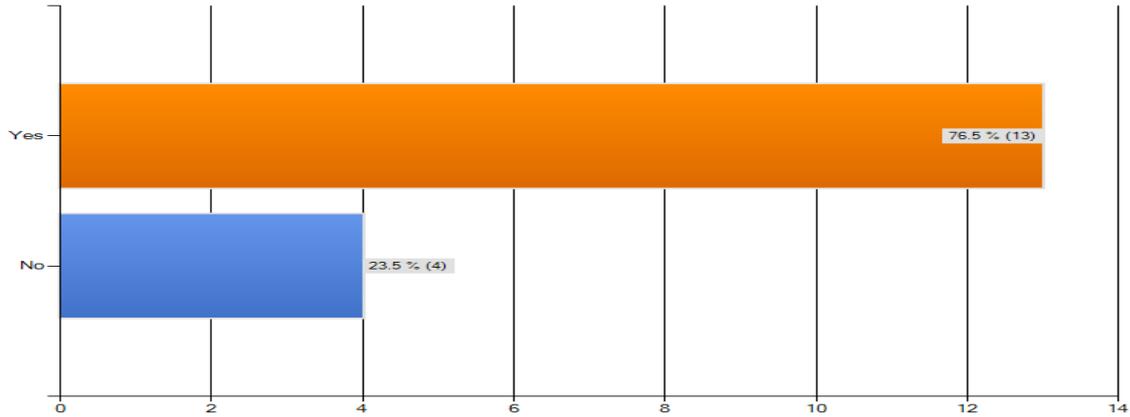
Benchmark 70% of Initial Needs Identification

- **Conducted**
- **Processes have resulted in documented decisions about referrals and assessments**

Of the seventeen responses received 94.1% have reported they are meeting the benchmark of 70% for Initial Needs Identification having been conducted. 76.5% of these have resulted in documented decision about referrals and assessments being made, 23.5% have not.



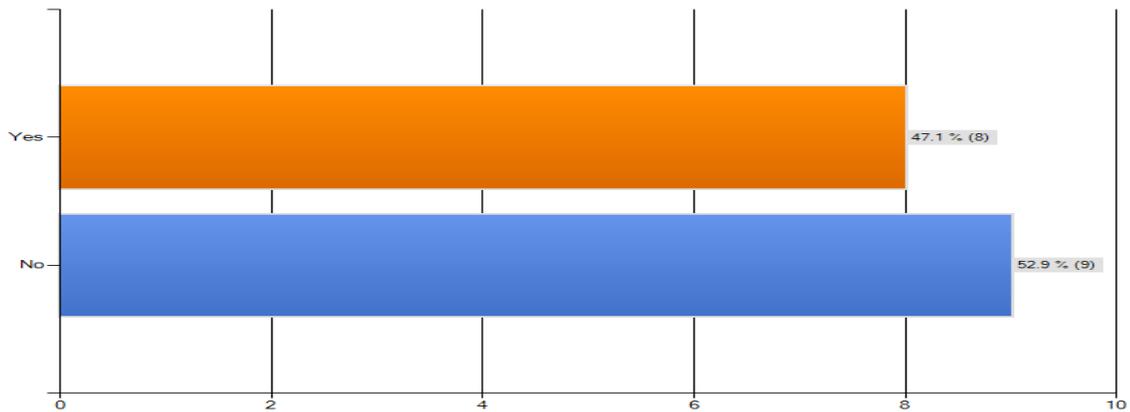
Greater than 70% of Initial Needs Identification processes have resulted in documented decisions about referrals and assessments?



Benchmark 70% of Referrals Sent (internal and external to your service) using the Service Coordination Tool Template (SCTT)

The Service Coordination Tool Templates **not** meeting the benchmark of being used for referrals is slightly higher than those that are using the Templates.

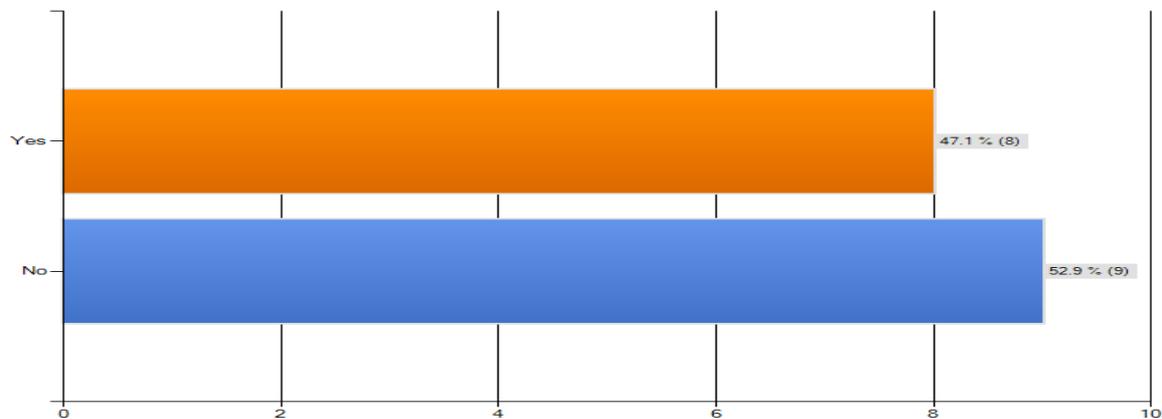
Greater than 70% of referrals were sent (internal and external to your service) using the SCTT



Benchmark 70% of consumers with multiple or complex needs who are receiving services from more than one service provider has a shared care / case plan

The consumer files audited indicate that the benchmark of 70% **is not** being met for consumers with multiple or complex needs having a shared care / case plan with more than one service provider. This is reported as occurring in approximately 50% of the files that have been audited.

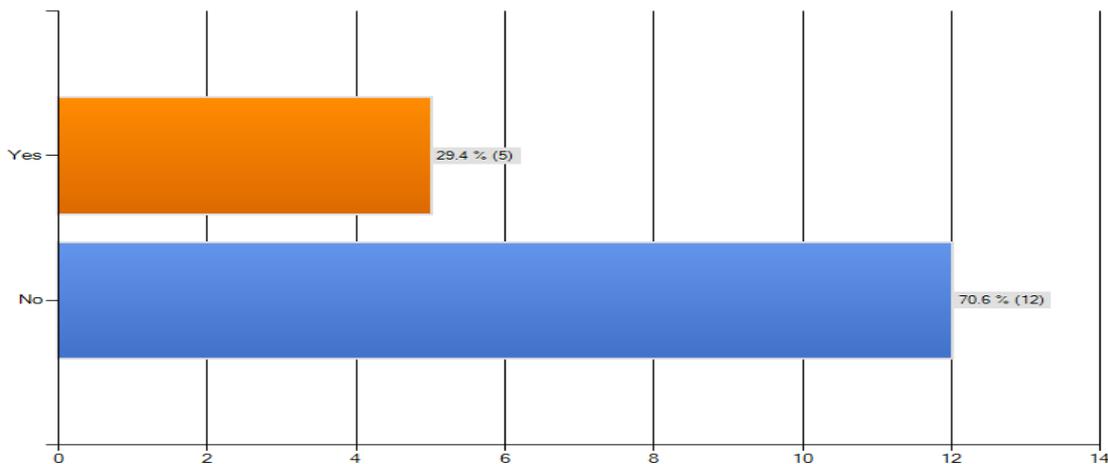
Greater than 70% of consumers with multiple or complex needs who are receiving services from more than one service provider have a shared care/case plan?



Benchmark 70% of shared care / case plans have been communicated with the GP if the consumer has a GP

Only 29.4% of the consumer care / case plans are being communicated with the GP, 70.6% of the responses received indicate this practice is not occurring and below the benchmark of 70%.

Greater than 70% of shared care/case plans have been communicated with the GP, if the consumer has a GP?



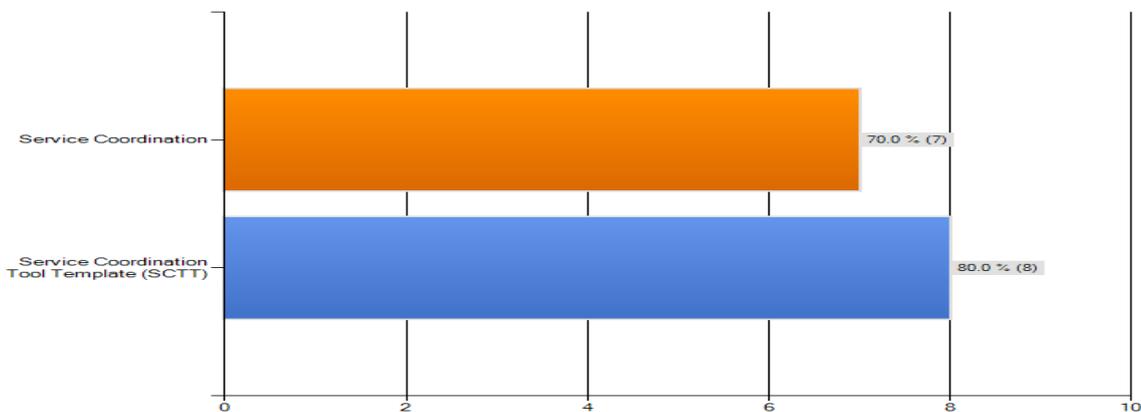
OTHER INFORMATION

Participation in either or both of the online learning modules

- **Service Coordination**
- **Service Coordination Tool Template (SCTT)**

Ten responses were received answering yes to either one or both of on line learning modules. The results indicate the Service Coordination and Service Coordination Tool Template Online learning modules are only partially being accessed and used to build knowledge of Service Coordination Practice and of the SCTT.

Has your agency participated in either or both of the following online learning modules;



Note

Feedback to the following questions will be provided in LGA and agency specific reports as appropriate.

- Where are the majority of your agencies referrals received from?
- Where does your agency send the majority of referrals?
- Is there a service coordination partnership project that your agency would like to work on over the next two years?

In the case of the question;

- **Which agencies would you like to see utilising electronic communication?**

There were fourteen responses some of which identified SMPCP Member Agencies which will be presented in LGA and agency reports.

More broadly for the catchment five responses identified “GP’s” and two responses expressed “All”, one expressed “Most of them” and another comment “It would be a huge benefit for all health services in our area to use electronic communication” and one comment noted “Metropolitan Hospitals”.

What training, education, support would assist your agency to undertake and improve service coordination practice?

Twelve responses were received and have been grouped into the following themes;

Service Coordination Practice

- Consent and Privacy Assessment, Care Planning, Shared care planning
- Goal directed care planning
- Many senior primary care staff have attended the Goal Directed Care Planning training sessions this year and we now wish to roll out this training to the wider staff in primary care. Any suggestions or assistance you can provide in this regard would be welcome
- Education with GP clinics to strengthen partnership in working together with completion / sharing of care plans

Service Coordination Resources

- Education using the SCTT - tool- never been formally trained
- Participation in available online learning particularly in relation to SCTT2012

E-Communication

- E referral training for staff
- Regular training in Connectingcare / Feedback from survey and advice on quality improvements
- Referring electronically using connecting care to any agency
- Communicare Practice with focus on Aboriginal Health

General comments

- Training for all staff
- Customised training is ongoing within teams across all agencies involved in the transition phase. Specialised training will be provided to key team members in all agencies so as to provide informed support to staff on the ground.

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