

Service Coordination Reporting 2012 - 2013

Buloke LGA 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

The number of Buloke Agencies who participated in the Annual Service Coordination Report 2012 - 2013 was three being Buloke Shire Council, East Wimmera Health Service and Mallee Track Health and Community Service. Two Regional Agencies have been included in the Buloke LGA Report; these are Bendigo Health and Mallee Family Care. All of the above agencies are SMPCP Member Agencies.

The organisation sectors involved in the reporting for Buloke LGA are Council, Hospitals and Community Services. Ten services / program areas have been assessed in the process demonstrating the breadth of Service Coordination practice. The top three service / program areas were Aged and Home Care, Disability, and Primary health.

Service Coordination Systems

Buloke and Regional Agencies who have contributed to this report are using Connectingcare as the secure electronic messaging systems. With the exception of Buloke Shire Council who at the time of the report were not using a secure electronic messaging system; they have since instigated investigating installing a secure messaging system ie. Connectingcare.

A range of Client Information Management Software applications are being used in and by Gannawarra and Regional Agencies these include iPM, UNITI, Carelink+, CRISSP and iSoft.

All six responses from Buloke LGA and Regional Agencies and service / program areas have reported their Client Information Management Software supports SCTT. Five have the 2009 version and one the 2012 version of SCTT.

The Service Coordination Tool Templates that are used most commonly by Buloke LGA and Regional Agencies are the core templates; *Consumer Information, Referral cover sheet and acknowledgement, Summary and referral information* and *Consent to share information*. The other templates are reported as not to be readily be requested or consistently used or received for referrals.

In the Buloke LGA it is reported there is local agreements in place which is mostly being implemented for Shared care / case planning by four of the reporting agencies. Bendigo Health have reported they do not have a local agreement.

Documented communication processes with General Practices are limited to the three Buloke LGA Agencies all of which are being implemented. The Regional Agencies do not have a documented and agreed communication process with General Practices.

There is interest from Bendigo Health, Mallee Track Health and Community Services and East Wimmera Health Service to explore the development of Local Agreements in the Buloke LGA. The service / program areas they identified they would like to see a local agreement with is with Local Council, Aged care support agencies, Disability support agencies and Mental health. Even though it has been reported by Mallee Track Health and Community Services and East Wimmera Health Service they have local agreements this may be more reflective of activity that occurs outside SMPCP catchment area. The fact that there is interest is an opportunity to look at what is in place and how this could be adopted in the Buloke LGA and / or strengthened to be inclusive of other agencies.

Practice Measures

There was limited information on how the file audits to assess the benchmark of 70% for each criterion was undertaken for Buloke and Regional Agencies.

Initial Needs Identification is commonly occurring in the Buloke LGA by Buloke and Regional Agencies 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 has been achieved by all the respondents. Considering the information provided on what parts of the SCTT is being used indicates that it is mostly the Core Templates; further exploration of this question could be considered to understand how effectively the SCTT is being used for referrals – internal and external. Client management systems of agencies working in the Buloke LGA should effectively be supporting 'easier' population of SCTT templates.

In the Buloke LGA the benchmark of 70% of consumers with multiple or complex needs who are receiving service from more than one service has a shared care / case plan is mostly **not** occurring and this is also the case for a shared care / case plans being communicated with the GP.

Other Information

Online learning modules

The Service Coordination and Service Coordination Tool Template Online learning modules are not widely being accessed and used to build knowledge of Service Coordination Practice and of the SCTT by Buloke LGA and Regional Agencies.

Agency referrals – Received and Sent

There were eleven sectors and agencies identified where the majority of referrals are received from; these are self referrals, Bendigo Health, General Practitioners and District Nursing.

There were ten responses to the question "Where does your agency sent the majority of referrals", with an even spread of referrals being sent to a range of agencies and services, these include; the Rural Health Team which does come under Bendigo Health and Buloke and Northern Grampians Shire Councils. Service / program areas include Allied health, Disability services, District Nursing, General Practitioners, Mental Health services and others.

Utilising secure electronic referral

The agencies and sectors identified that Buloke LGA and Regional Agencies would like to see utilising electronic referral indicated *All*. Others identified include ACAS, General Practice, Community mental health, disability, HACC assessment and aged services

Service Coordination Partnership Projects

Acute Mental Health Service is a service coordination partnership project that has been identified for one Buloke Agency and *Implementing E-referral* was the other recommendation for consideration for Buloke LGA and Regional Agencies.

Training, education and support

The themes that have come across for Buloke LGA and Regional Agencies for training, education and support are for SCTT tool 2012, Connectingcare and E-communication, Consent and privacy and Care Planning including sharing care plans.

CONCLUSION

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

AREAS OF FOCUS FOR SMPCP MEMBERS – BULOKE LGA AND REGIONAL AGENCIES FOR 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

- Understanding and using the Service Coordination Tool Templates effectively and consistently
- Increase knowledge, uptake and use of Connectingcare (secure electronic messaging)
- Care planning –Shared care / case plans
- Consent and privacy

PROJECT

Engage and develop relationship and partnership with;

- Mental health providers

Explore the opportunity to develop Local Agreements for Shared Care / Case planning and Secure Electronic Communication with;

- East Wimmera Health Service, Mallee Track Health and Community Services and Bendigo Health

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 SMPCP ICDM Forum and Southern Mallee PCP LGA Partnership Groups.

Key activity identified for Buloke LGA will sit with and progressed by SMPCP Buloke Strategic Health and Wellbeing Partnership.

Contact:

Sarah Holloway
Project Officer – Mental Wellbeing and Service Coordination
PO Box 1752
Swan Hill VIC 3585
Ph: 03 5032 1852
E: sarah.holloway@smpcp.com.au

Service Coordination Reporting 2012 - 2013

Buloke LGA 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 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

For the Buloke Local Government Area (LGA) there were three local SMPCP Member Agencies who participated in Annual Service Coordination Reporting 2012 – 2013, and two regional providers. Bendigo Health have reported for two service / program areas.

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

Buloke LGA

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

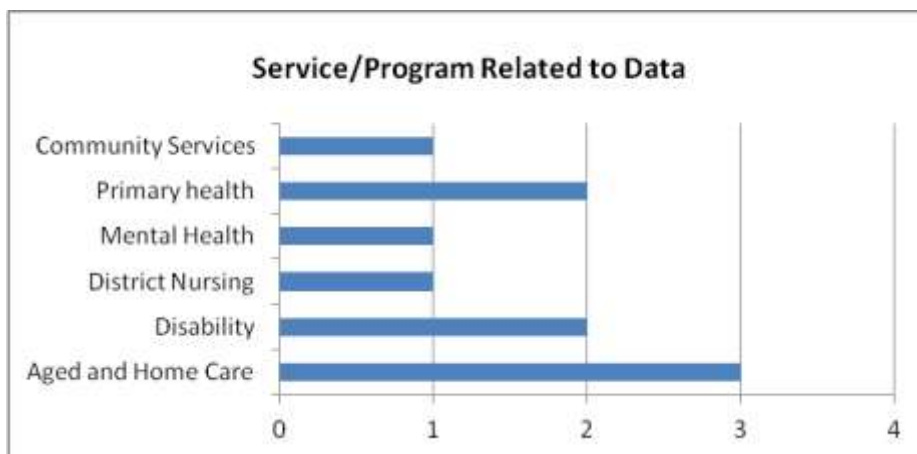
Regional

| | |
|--------------------|--------------------|
| Bendigo Health | Community Health |
| Mallee Family Care | Community Services |

Services/Programs

- Buloke Shire Council reported for Aged and Home Care program / service areas
- East Wimmera Health Service reported program / service areas of District Nursing and Primary Health
- Mallee Track Health and Community Service reported program / service areas of Mental Health and Primary Health
- Mallee Family Care – Swan Hill reported for disability
- Bendigo Health reported for Aged and Home Care, Disability and Community Services

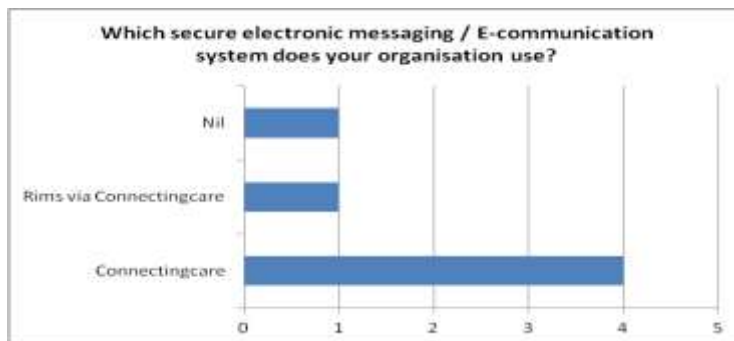
A total of ten services / programs areas across Buloke LGA Agencies and Regional Agencies have been considered in the reporting process. Aged and Home Care has been the predominant service / program area followed by Primary Health and Disability.



SYSTEMS MEASURES

Secure Electronic Messaging

Four of the six reporting Buloke and Regional Agencies are using Connectingcare as the secure electronic messaging systems and East Wimmera Health Service use Rim's via Connectingcare. Buloke Shire Council do not currently utilise a secure electronic messaging system but at the time of reporting investigating opportunity to install the system.



Client Information Management Software

A range of Client Information Management Software applications are being used by Buloke and Regional Agencies these include iPM, iSoft, Carelink+,UNITI CRISP.

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

All Buloke LGA and Regional Agencies and service / program areas Client Information Management software supports SCTT with the 2009 version being most common. One agency has reported the 2012 version is being used.

Use of the SCTT:

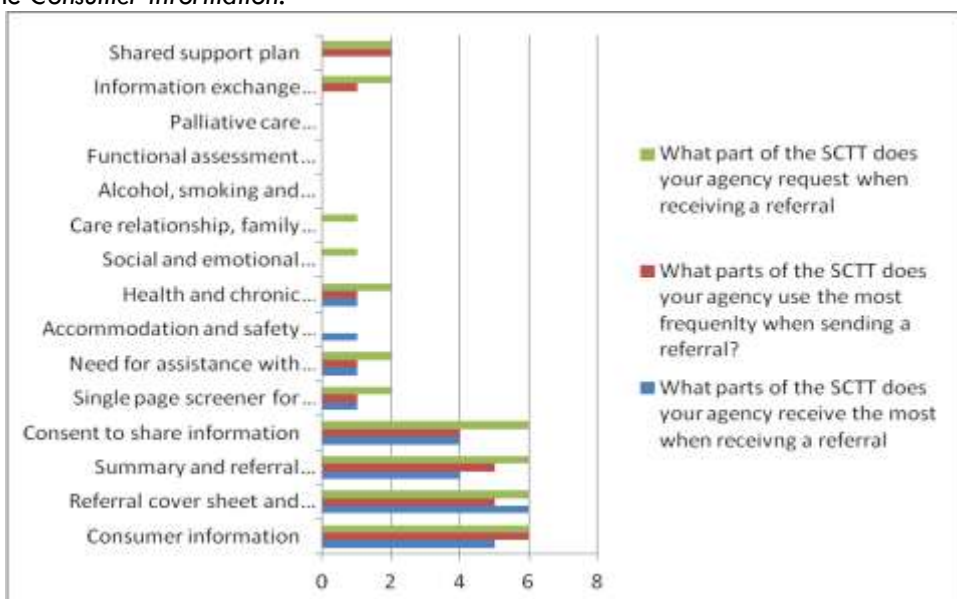
- Agencies request when receiving a referral
- Use most frequently when sending a referral
- Agencies receive the most when receiving a referral

Of the six responses provided by Buloke LGA and Regional Agencies the SCTT that are **requested when receiving referral** is the core templates of *Consumer Information, Referral cover sheet and acknowledgement, Summary and referral information* and *Consent to share the Consumer Information*. The other templates are not commonly requested.

The SCTT that are reported as **most frequently being sent** are the Core Templates and in some instances the *Shared support plan*.

SCTT that is **being received the most** when receiving a referral are reported as the Core Templates but mostly the *Referral Cover sheet and acknowledgement* and *Consumer information* and less is the *Summary and referral information* and *Consent to share the Consumer Information*.

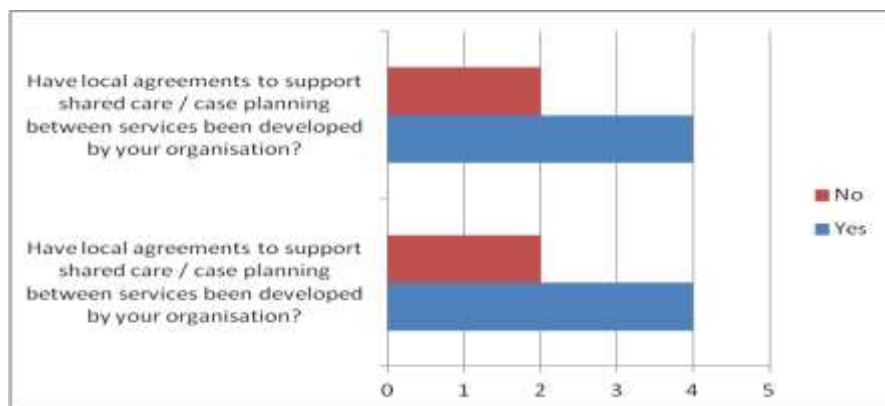
Overall the Core Templates are being used most frequently and are requested but not always being used when sending referrals. Other SCTT are rarely being used indicating that the SCTT is not widely being used as a resource for referrals within the Buloke LGA.



and Implemented

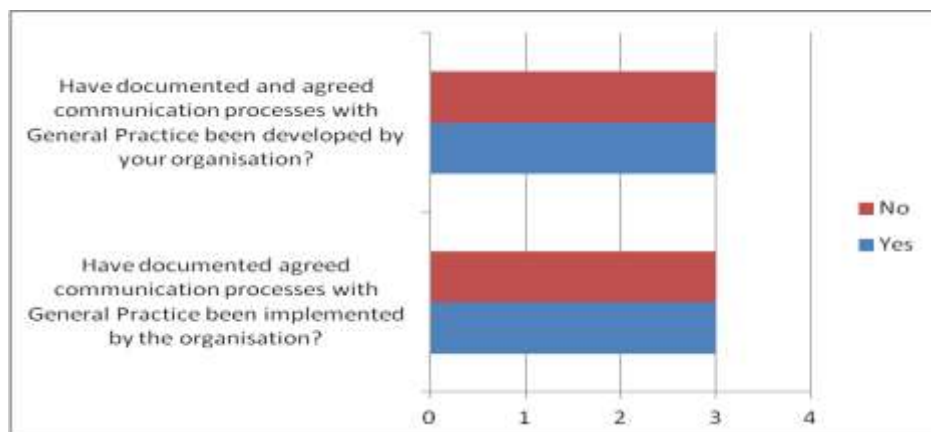
• **Shared care / case planning**

Of the six responses received from Buloke LGA and Regional Agencies to the question on local agreements to support shared care / case planning services have been developed and implemented four have reported an agreement is in place and that it is being implemented. Two of respondents who are Regional Providers have reported they do not have a documented Local Agreement currently in place.



Communication processes with General Practice – Developed and Implemented

The three Buloke based agencies have reported they have an agreed communication process with General Practice developed and that it is being implemented in the Buloke LGA. Regional agencies have reported they do not have an agreement.



Interest in the Development of a Local Agreement

There were four who responded to this question all indicating they were interested in developing a Local Agreement.

The service / program areas that have been identified they would like to see a Local Agreement developed with are;

- Local Council
- Primary mental health
- Disability support agencies
- Aged care support agencies

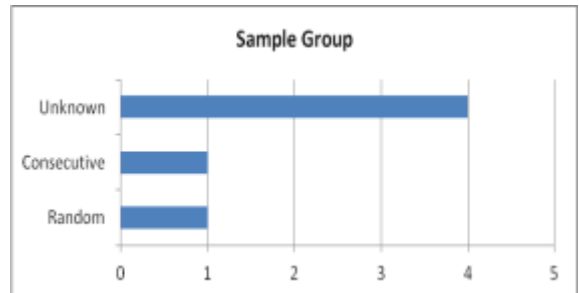
East Wimmera Health Service and Mallee Track Health and Community Health Service are the local Buloke Agencies who responded they would like to develop a local agreement and Bendigo Health as a regional agency.

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

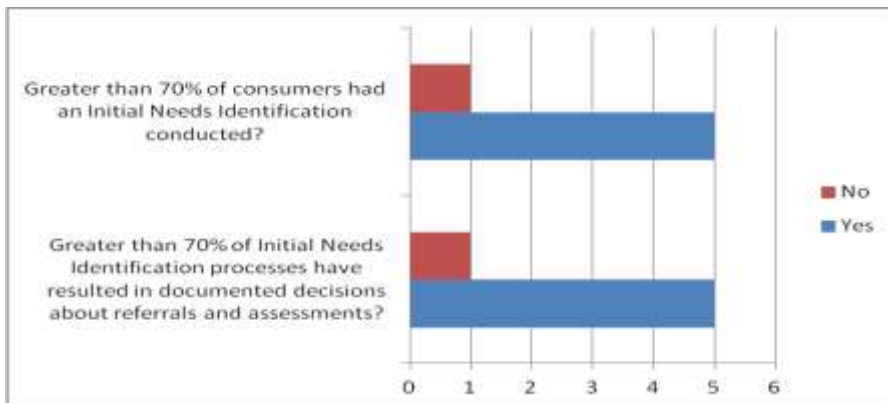
Advice on how the file audit has been undertaken has only been reported by two agencies; one indicating this was undertaken in a random manner and the other in a consecutive manner. Both have reported they audited a total of thirty files.



Benchmark 70% of Initial Needs Identification

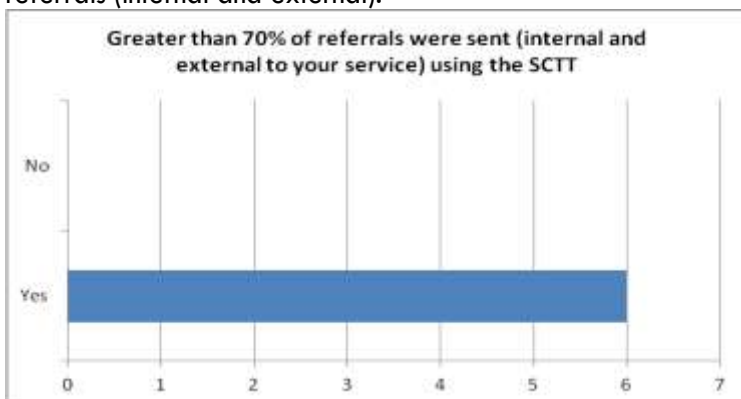
- **Conducted**
- **Processes have resulted in documented decisions about referrals and assessments**

Of the six responses Buloke LGA and Regional Agencies received five have reported they meet the benchmark of 70% for Initial Needs Identification having been conducted and documented decision about referrals and assessments have been made meeting the benchmark of 70%. One has reported not to have meet this benchmark.



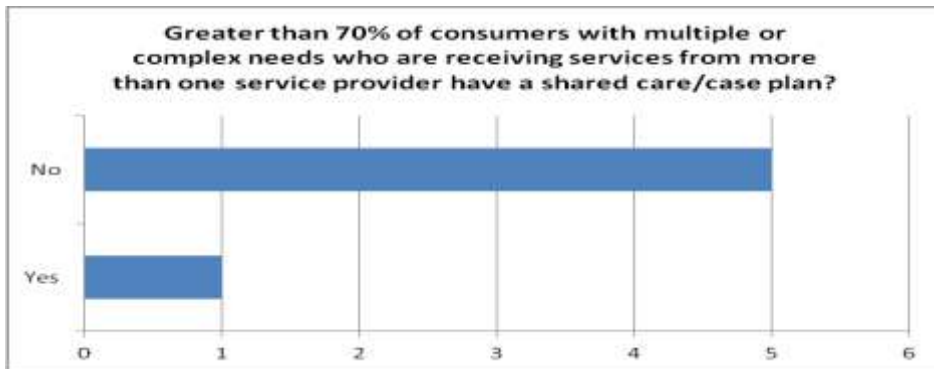
Benchmark 70% of Referrals Sent (internal and external to your service) using the Service Coordination Tool Template (SCTT)

All six Buloke and Regional Agencies have reported they are meeting the benchmark of 70% using SCTT for referrals (internal and external).



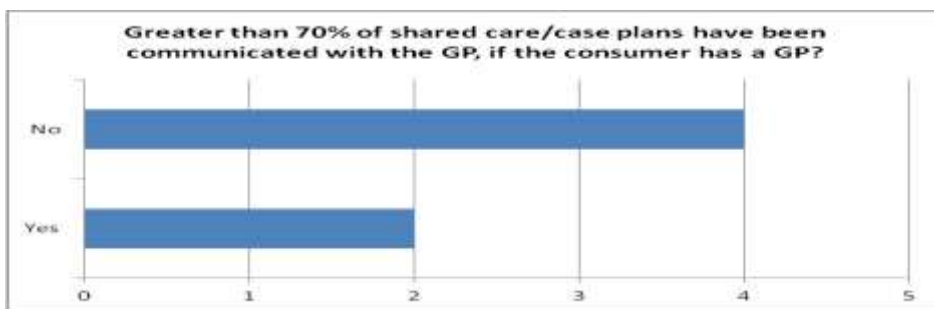
Benchmark 70% of consumers with multiple or complex needs who are receiving services from more than one service provider has a shared care / case plan

The consumer files audited by Buloke LGA and Regional Agencies indicate that the benchmark of 70% is **not** regularly being met for consumers with multiple or complex needs having a shared care / case plan with more than one service provider by five of the respondents. One has indicated that the benchmark is being met.



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

Communicating shared care / case plans with GP's is **not** consistently occurring with four of the respondents from Buloke LGA and Regional Agencies meeting benchmark of 70%. Two have reported they are meeting the benchmark.



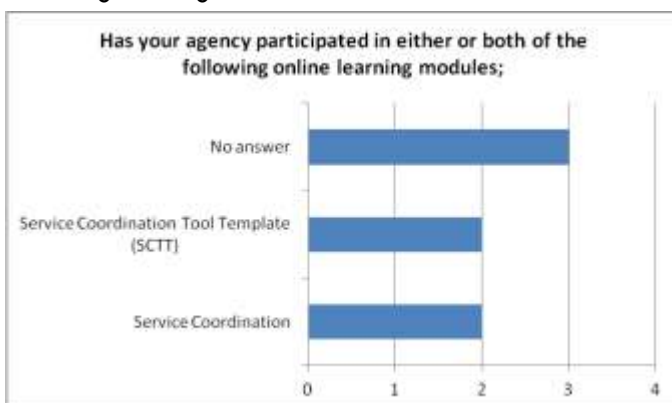
OTHER INFORMATION

Participation in either or both of the online learning modules

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

There were three agencies who responded to this question for Buloke LGA and Regional Agencies.

The Service Coordination and Service Coordination Tool Template Online learning modules have not been strongly accessed and used to build knowledge of Service Coordination Practice and of the SCTT by Buloke and Regional Agencies.

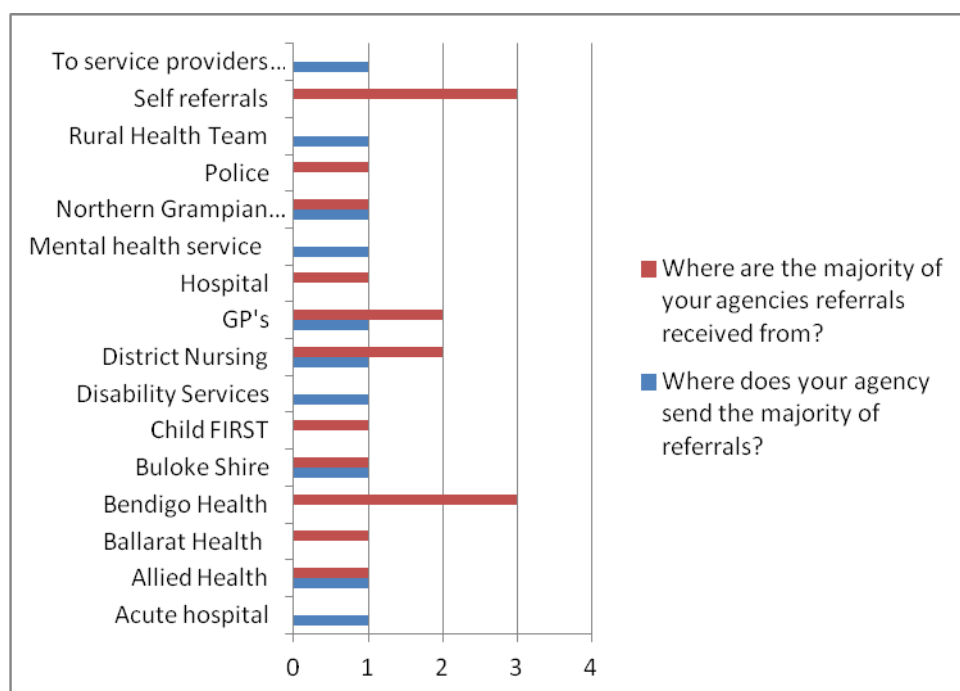


**Where are the majority of your agency referrals received from?
Where does your agency send the majority of referrals?**

The responses received in some instances provided several answers; these were broken down to single answers and then grouped into agencies or sectors.

There were seventeen responses to the question “Where are the majority of you agency referrals received from”, overall there were eleven sectors and agencies identified where the majority of referrals are received from. The majority of referrals being received by the respondents of Buloke LGA and Regional Agencies are from Bendigo Health, Self referrals, General Practitioners and District nursing.

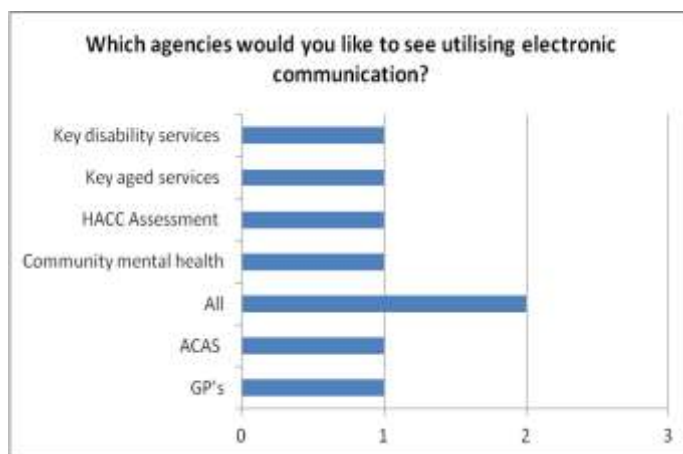
There were ten responses to the question “Where does your agency send the majority of referrals”, resulting in ten agencies and sectors being identified. It was an even spread of services and agencies being referred too; Agencies in particular are the Rural Health Team which does come under Bendigo Health and Buloke and Northern Grampians Shire Councils. Service / program areas include Allied health, Disability services, District Nursing, General Practitioners Mental Health services and others.



Which agencies would you like to see utilising electronic communication?

There were four responses provided to the question “Which agencies would you like to see utilising electronic communication?”, which were broken into individual responses.

Two responses noted they would like to see “All” agencies utilising electronic communication. There were six other sectors identified these included ACAS General Practice, Community mental health, disability and aged services and HACC assessment.



Is there a service coordination partnership project that your agency would like to work on over the next two years?

There were two responses to the question “Is there a service coordination partnership project that your agency would like to work on over the next two years?”.

One response identified “Implementing E-referral” as partnership project and one response identified they would like a partnership project to occur with Acute Mental Health Service.

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

The responses received from Buloke LGA and Regional Agencies to the question “What training, education, support would assist your agency to undertake and improve service coordination practice?”, is somewhat specific to individual agencies and will be reported in the Agency reports for consideration as to possible next steps.

The responses received that are relevant to Buloke LGA are as follows;

- Consent and Privacy Assessment
- Care Planning
- E referral training for staff
- Extra training of the updated SCTT tool
- Shared care planning

The themes that have come across include;

- SCTT tool 2012
- Connectingcare and e- communication
- Consent and privacy
- Care planning and shared care planning

Contact:

Sarah Holloway
Project Officer – Mental Wellbeing and Service Coordination
PO Box 1752
Swan Hill VIC 3585
Ph: 03 5032 1852
E: sarah.holloway@smpcp.com.au