

## Service Coordination Reporting 2012 - 2013

# Gannawarra 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 Gannawarra Agencies who participated in the Annual Service Coordination Report 2012 - 2013 was four being Cohuna District Hospital, Gannawarra Shire Council, Kerang District Health and Northern District Community Health Service. Three Regional Agencies have been included in the Gannawarra LGA Report; these are Mallee District Aboriginal Service, Bendigo Health and Mallee Family Care. All of the above agencies are SMPCP Member Agencies.

The organisation sectors involved in the reporting for Gannawarra LGA are Council, Hospitals, Community Health and Community Services. Thirteen 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, Acute health and District Nursing.

#### Service Coordination Systems

Gannawarra and Regional Agencies who have contributed to this report are using Connectingcare as the secure electronic messaging systems with the exception of Kerang District Health who at the time of the report were not using a secure electronic messaging system; they have since instigated installation of Connectingcare.

A range of Client Information Management Software applications are being used in and by Gannawarra and Regional Agencies these include iPM, Communicare, UNITI, PJB, City Manager and CRISSP. Northern District Community Health Service are in the process of installing Connekteer system.

Of the eight responses from Gannawarra LGA Agencies and service / program areas there are five who have reported their Client Information Management Software supports SCTT and two that currently do not. Four have the 2009 version and one the 2012 version of SCTT. The other was unsure of which version was active.

The Service Coordination Tool Templates that are used most commonly by Gannawarra LGA Agencies 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 appear to not readily being requested or consistently used for referral. The *Shared support care plan* is reported as being sent but is not being received.

In the Gannawarra LGA it is reported there is a local agreement in place which is mostly being implemented for Shared care / case planning. Two agencies do not have a local agreement.

Documented communication processes with General Practices are limited in the Gannawarra LGA to two with both being implemented. The majority of respondents do not have a communication process with General Practices.

Bendigo Health and Mallee District Aboriginal Service have expressed they are interested in the development of Local Agreements in the Gannawarra LGA. The service / program areas they identified they would like to see a local agreement with is Local Council, Aged care support agencies, Disability support agencies and Primary mental health.

Local Gannawarra LGA Service Providers do have in place the Gannawarra Service Providers MOU and Long Paddock Protocol. Agencies involved in this agreement include Cohuna District Hospital, Gannawarra Shire Council, Kerang District Health and Northern District Community Health Service.

### **Practice Measures**

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

Initial Needs Identification is commonly occurring in the Gannawarra LGA by Gannawarra 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 only been achieved by five of the respondents. Viewing this data with the information regarding the use of SCTT may highlight only the core templates are being used and others are not so broadly utilised.

In the Gannawarra 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 occurring approximately two thirds of the time 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 Gannawarra LGA and Regional Agencies.

#### **Agency referrals – Received and Sent**

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

There were nine responses to the question “Where does your agency sent the majority of referrals”, with the most referrals are being sent to Bendigo Health, then Allied health, disability services, General Practice and Northern District Community Health Service.

#### **Utilising secure electronic communication**

The agencies and sectors identified that Gannawarra LGA and Regional Agencies would like to see utilising electronic referral mostly indicated *All*. Others identified include ACAS, Swan Hill District Health, General Practice, Community mental health, disability and aged services

#### **Service Coordination Partnership Projects**

*Shared Care / Case Plans* is a partnership project that has been identified by one agency for consideration in the Gannawarra LGA with Local Council identified as a partner to be involved in a partnership project.

#### **Training, education and support**

The themes that have come across for Gannawarra LGA and Regional Agencies for training, education and support are for SCTT tool 2012 and Connectingcare and E-communication.

## CONCLUSION

The Annual Service Coordination Reports 2012 - 2013 and additional questions have provided SMPCP Members – Gannawarra LGA and Regional Agencies with information, benchmarks and evidence of current Service Coordination systems and practice across the Gannawarra 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 – GANNAWARRA 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
- Care planning –Shared care / case plans
- Increase knowledge, uptake and use of Connectingcare (secure electronic messaging)

### PROJECTS

#### Engage and develop relationship and partnership with;

- General practice to increase communication of Shared care / case plans

#### Explore the opportunity to develop Local Agreements for Shared Care / Case planning with;

- Bendigo Health and Mallee District Aboriginal Service
- Gannawarra Shire Council

## NEXT STEPS

SMPCP Members will come together on the 27<sup>th</sup> 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 Gannawarra LGA will sit with and progressed by SMPCP Gannawarra Local Agency Meeting.

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## Service Coordination Reporting 2012 - 2013

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

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

#### Gannawarra LGA

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

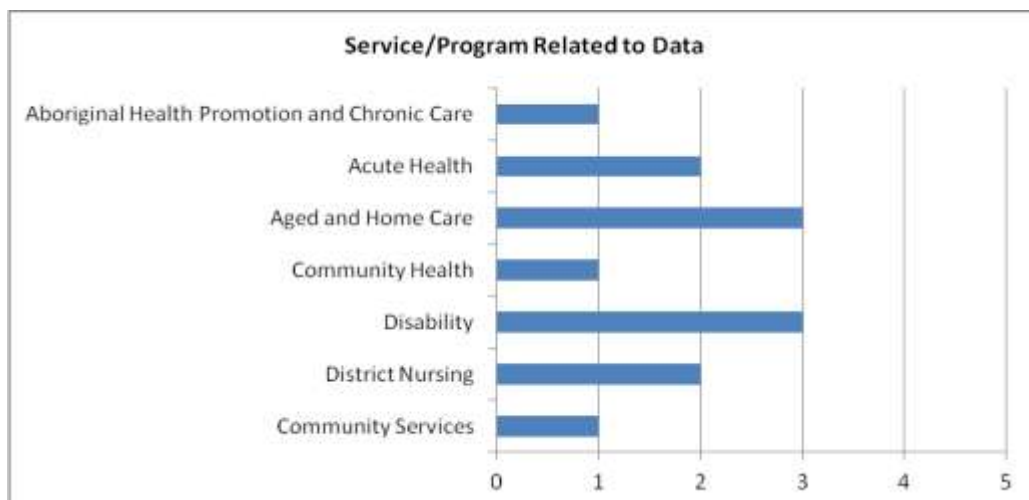
#### Regional

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

#### Services/Programs

- Cohuna District Hospital reported for District Nursing program / services area
- Gannawarra Shire Council reported for Aged and Home Care and Disability program / service areas
- Kerang District Health reported program / service areas of Acute Health and District Nursing
- Northern District Community Health Service reported program / service areas of Community Health
- Mallee Family Care – Swan Hill reported for disability
- Bendigo Health reported for Aged and Home Care, Disability and Community Services
- Mallee District Aboriginal Service reported for Aboriginal Health Promotion and Chronic Care and Acute Health

A total of thirteen services / programs across Gannawarra LGA Agencies and Regional Agencies have been considered in the reporting process.

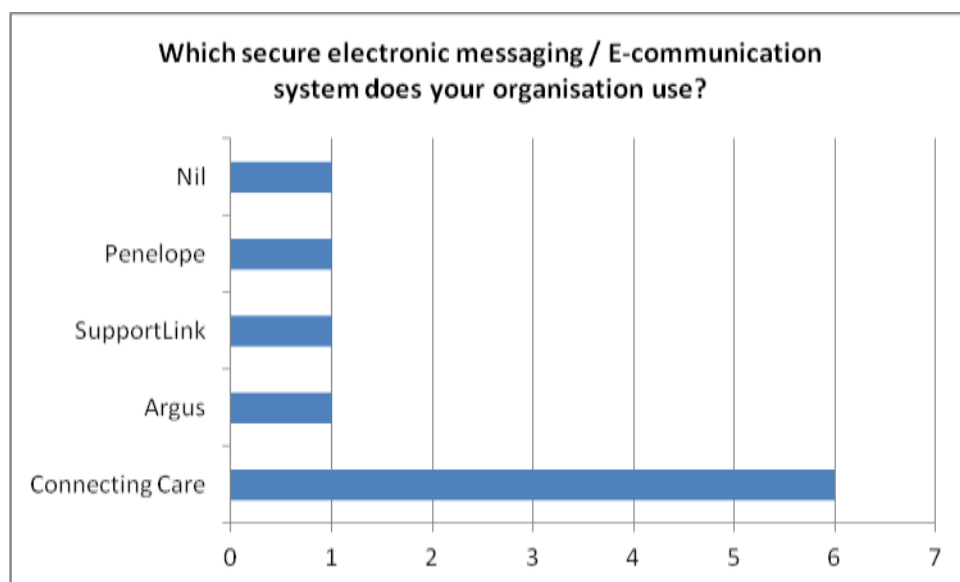


## SYSTEMS MEASURES

### Secure Electronic Messaging

Six of the eight reporting Gannawarra and Regional Agencies are using Connectingcare as the secure electronic messaging systems. Mallee District Aboriginal Service have Argus which is compatible and linked with their client management system. SupportLink is particular to referrals from and to Police and is being utilised by Northern District Community Health Service as is the system Penelope which is particular to Court orders both of which are secure systems.

Kerang District Health did not have a secure electronic communication system in the reporting period; the organisation has taken steps toward implementing Connectingcare for the year 2013 – 2014.



### Client Information Management Software

A range of Client Information Management Software applications are being used by Gannawarra and Regional Agencies these include iPM, Communicare, UNITI, PJB, City Manager and CRISSP. Northern District Community Health Service are moving from paper based system to fully electronic system Conneker.

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

Of the eight responses from Gannawarra LGA Agencies and service / program areas there are five who have reported their Client Information Management Software supports SCTT and two that currently do not. Of the five who reported their system supports SCTT four have reported it is the 2009 version and one the 2012 version. The other was unsure of which version was active.

#### 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**

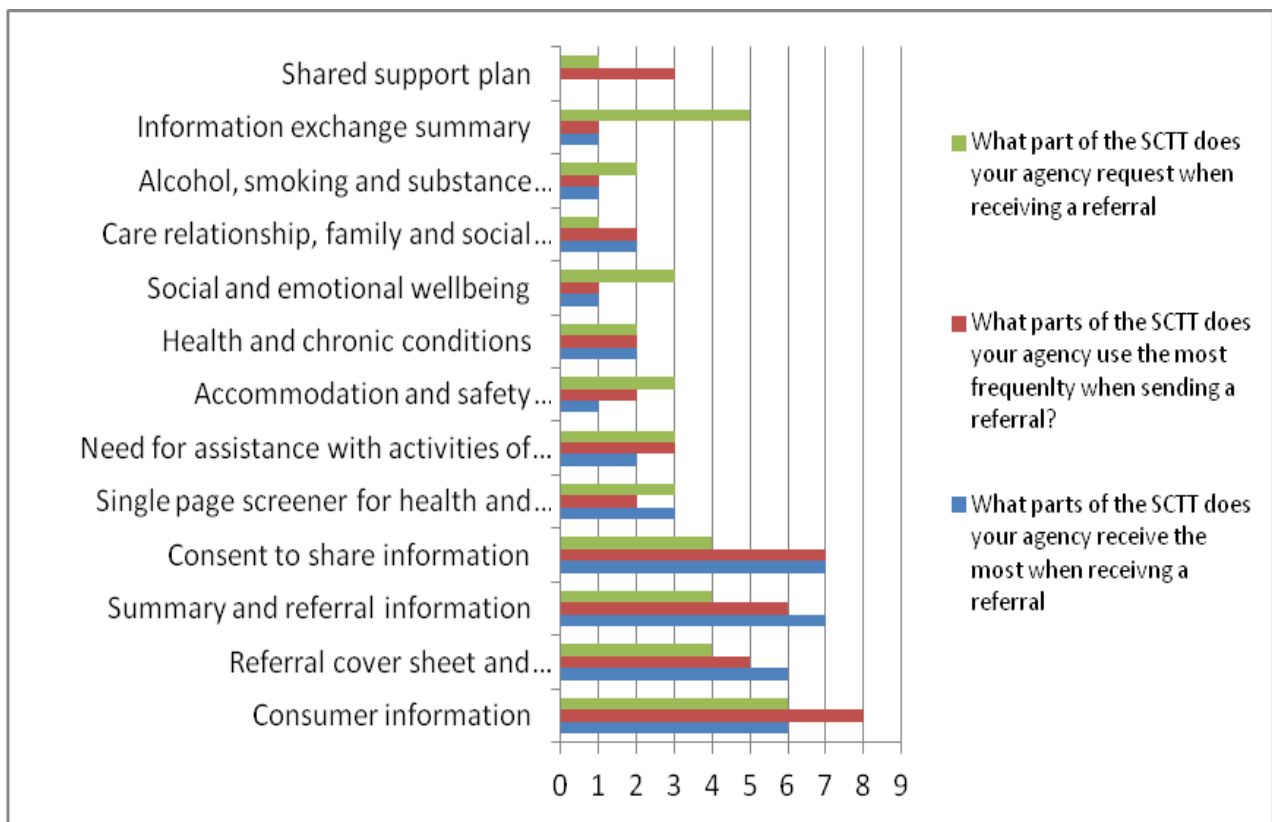
Of the eight responses provided by Gannawarra LGA and Regional Agencies the SCTT that are **requested when receiving referral** is the *Consumer Information templates* and the *Information exchange summary*. The core templates of *Referral cover sheet and acknowledgement*, *Summary and referral information* and *Consent to share information* are requested by four of the eight respondents.

The *Single Page Screener*, *Need for assistance with activities of daily living*, *Accommodation and safety arrangements* and *Social and Emotional Wellbeing* are also requested by some of the respondents.

The SCTT that are reported as **most frequently being sent** are the *Core Templates* and *Shared support plan and Need for assistance with activities of daily living*.

The SCTT that is **being received the most** when receiving a referral are reported as the Core Templates and the *Single page screener for health and social needs*.

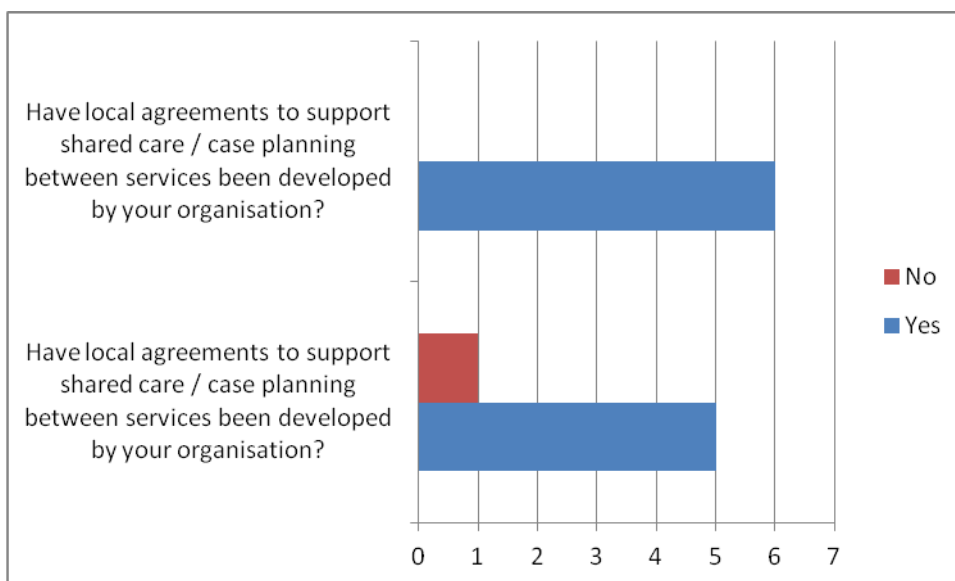
Overall the Core Templates are being used most frequently but not necessarily expected with a referral. For the most what is reported as being sent is being received with the exception of the *Shared support care plan*.



### Local Agreements - Developed and Implemented

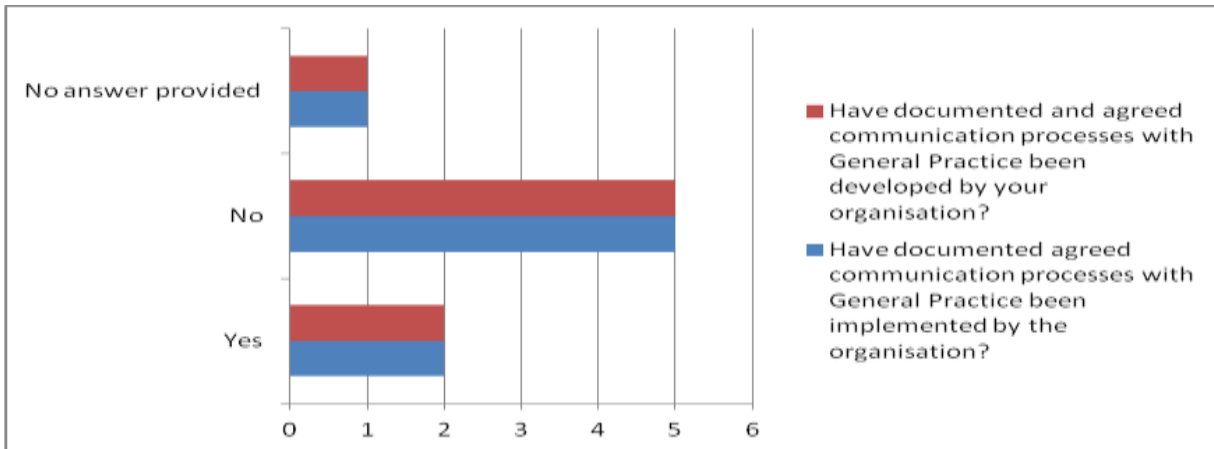
- Shared care / case planning**

Of the eight responses received from Gannawarra LGA Agencies and Regional Agencies to the question on local agreements to support shared care / case planning services have been developed and implemented six have reported an agreement is in place; five have reported 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**

There are very limited agreed communication processes with General Practice developed and being implemented in the Gannawarra LGA with Gannawarra and Regional Service Providers with only two reporting they do and they are being implemented.



**Interest in the Development of a Local Agreement**

Bendigo Health and Mallee District Aboriginal Service have reported they are interested in the development of a Local Agreement. The service / program areas that have been identified they would like to see a Local Agreement developed with are;

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

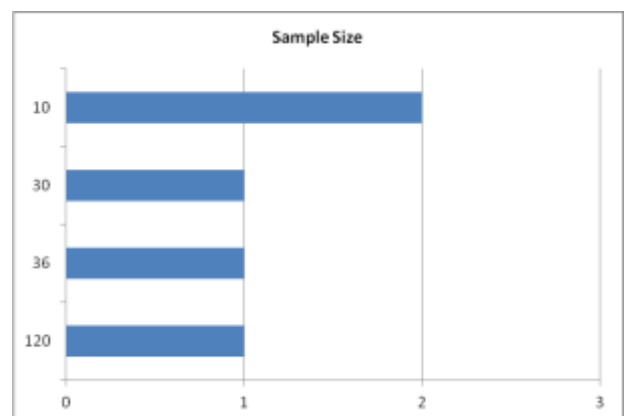
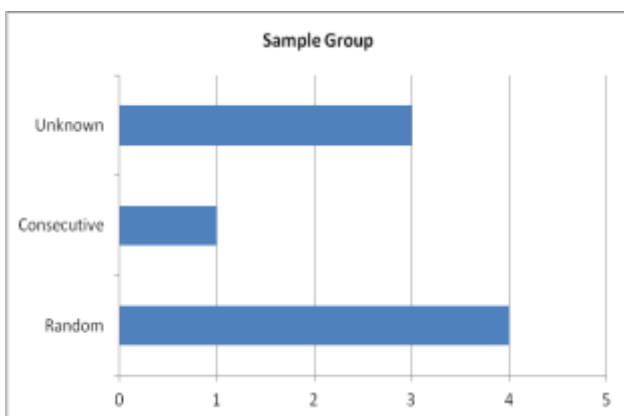
*Note: Gannawarra LGA Service Providers do have in place the Gannawarra Service Providers MOU and Long Paddock Protocol.*

**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 Gannawarra LGA Agencies and Regional Agencies who completed the File Audits and answered this question conducted a Random File Audit with the number of files audited ranging from ten (10) and the most audited being one hundred and twenty. Three respondents did not report on how the File Audit Process was undertaken.

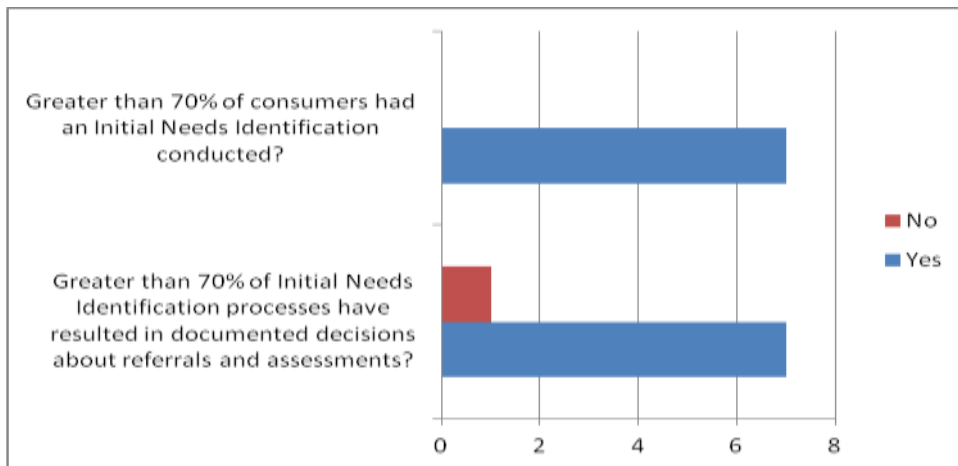




**Benchmark 70% of Initial Needs Identification**

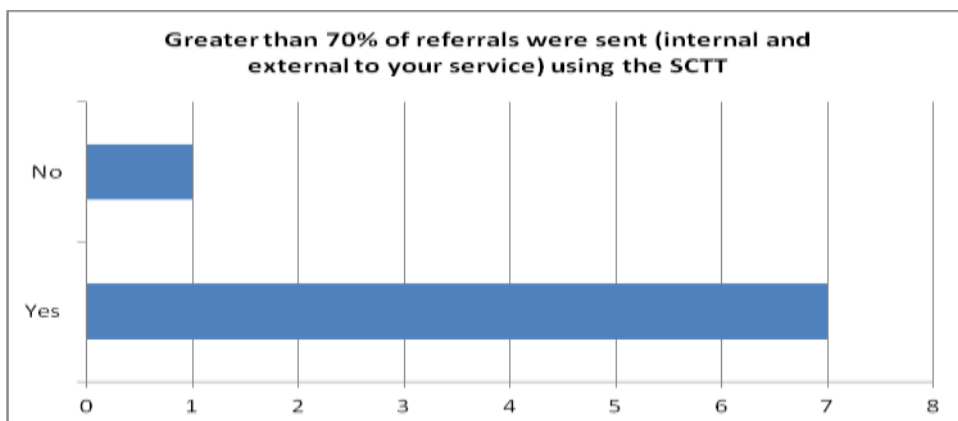
- **Conducted**
- **Processes have resulted in documented decisions about referrals and assessments**

Of the eight responses received the all report they meet the benchmark of 70% for Initial Needs Identification having been conducted and seven out of the eight documented decision about referrals and assessments have been made meeting the benchmark of 70%..



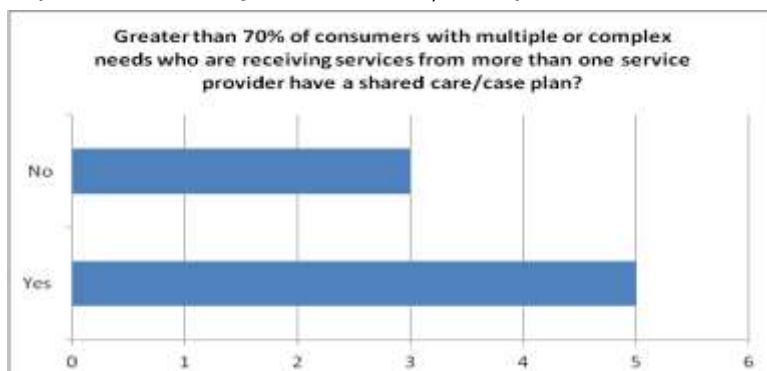
**Benchmark 70% of Referrals Sent (internal and external to your service) using the Service Coordination Tool Template (SCTT)**

Seven Gannawarra and Regional Agencies have reported they are meeting the benchmark of 70% using SCTT for referrals (internal and external. One file audit process has indicated they have not met the benchmark.



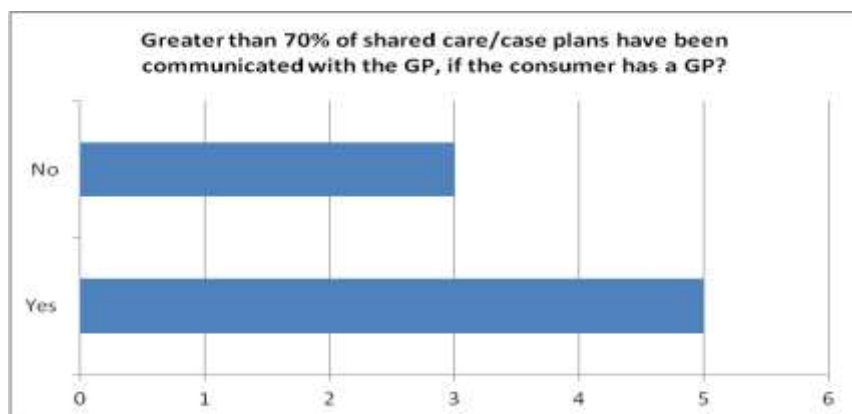
**Benchmark 70% of consumers with multiple or complex needs who are receiving services from more than one service provider has a shared care / case plan**

The consumer files audited for Gannawarra LGA and Regional Agencies indicate that the benchmark of 70% is 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. Three have indicated that the benchmark has **not** been 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 **occurring** with five of the respondents from Gannawarra LGA and Regional Agencies meeting benchmark of 70%. Three have responded they are not meeting the benchmark.

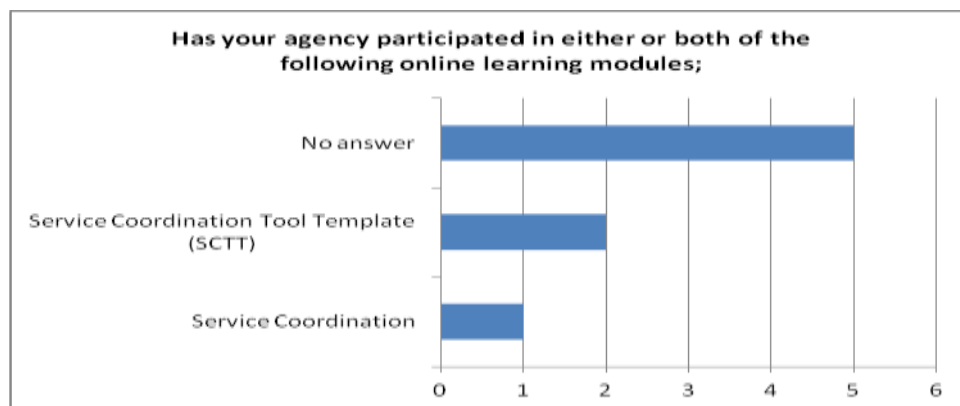


**OTHER INFORMATION**

**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 Gannawarra 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. The SCTT Online module has being accessed more than the Service Coordination Online module.

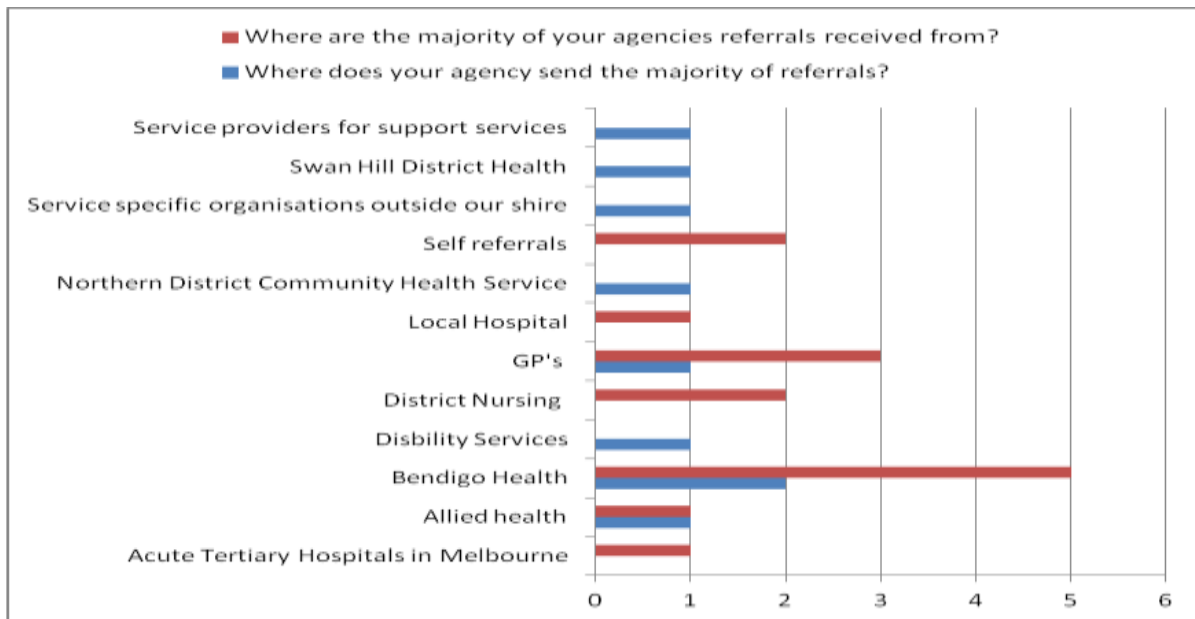


**Where are the majority of your agency referrals received from?  
Where does your agency send the majority of referrals?**

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 twenty four responses to the question “Where are the majority of you agency referrals received from”, overall there were seven sectors and agencies identified where the majority of referrals are received from. The majority of referrals being received by the respondents of Gannawarra LGA and Regional Agencies are from Bendigo Health, General Practitioners, District nursing and self referrals.

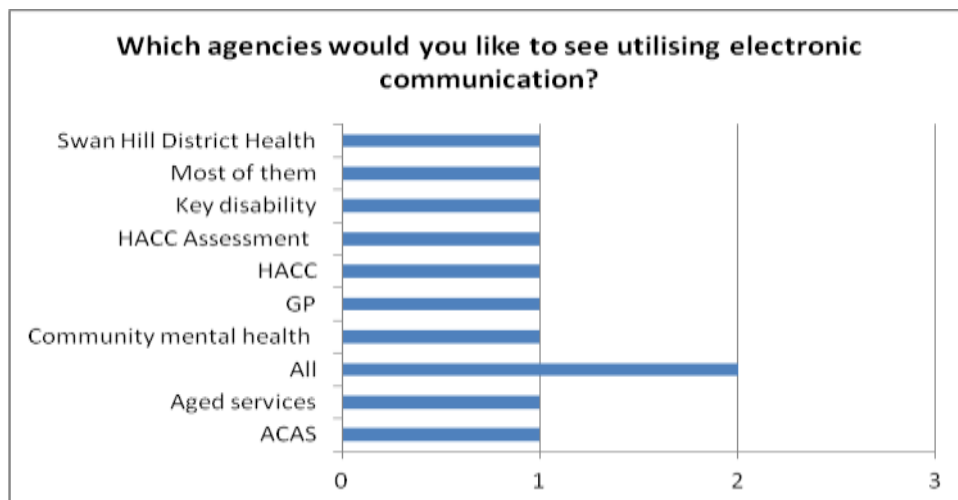
There were nine responses to the question “Where does your agency send the majority of referrals”, resulting in eight agencies and sectors being identified. Most referrals are being sent to Bendigo Health, with the remainder identified in an even spread which included; Allied health, disability services, General Practice, Northern District Community Health Service. Referrals are also being made to agencies outside the Gannawarra LGA to Swan Hill District Health and broadly reported as “service specific organisations”.



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

There were eleven 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 and one indicated “most of them”. Specific agencies that were identified are ACAS and Swan Hill District Health and there are a range of service sectors including General Practice, Community mental health, disability and aged services.



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

There were three 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 of which identified current work they are undertaking specific to their agency.

One response identified “Shared Care / Case management Plans” as partnership project and one response identified Local Council as a sector they would like to have a partnership project with.

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

The responses received from Gannawarra 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 Gannawarra LGA are as follows;

- Extra training of the updated SCTT tool
- Education using the SCTT tool- never been formally trained
- Referring electronically using connecting care to any agency

The themes that have come across include;

- SCTT tool 2012
- Connectingcare and e- communication

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