

Service Coordination Reporting 2012 - 2013

Swan Hill 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 Swan Hill Agencies who participated in the Annual Service Coordination Report 2012 - 2013 was two being Swan Hill Rural City Council and Swan Hill District Health. Three Regional Agencies have been included in the Swan Hill 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 Swan Hill LGA are Council, Hospitals, Community Health and Community Services. Seventeen 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, Community Health and Disability.

Service Coordination Systems

All Swan Hill and Regional Agencies who have contributed to this report are using either or both Argus and Connectingcare as the secure electronic messaging systems.

A range of Client Information Management Software applications are being used in and by Swan Hill and Regional Agencies these include iPM, Carelink+, Communicare, Switch / Penelope, UNITI and ACE.

Of the thirteen responses from Swan Hill LGA and Regional Agencies and service / program areas there are only six instances where Client Information Management Software is currently supporting SCTT's. Three have the 2009 version and three the 2012 version.

The Service Coordination Tool Templates that are used most commonly by Swan Hill LGA Agencies and Regional Agencies in all instances are the *Consumer Information, Referral cover sheet and acknowledgement, Summary and referral information* and *Consent to share information*. There is some disparity to what is being reported as being sent and what is being received most frequently.

With the limited number of Client Information Management software reported as supporting SCTT it is possible this could have an effect on broader use of Optional SCTT and what is being received.

In the Swan Hill LGA it is reported there are four documented local agreements in place which are being implemented for Shared care / case planning. Nine respondents reported they do not have a local agreement.

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

There is interest in the development of Local Agreements in the Swan Hill LGA from nine respondents with Swan Hill Rural City Council notably identified as an organisation with which this to occur. There is also interest for Local Agreements with General Practice, Bendigo Health and Mallee District Aboriginal Service. A range of service program areas were identified including disability, mental health and aged care support.

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 Swan Hill LGA by Swan Hill 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 for four of the respondents which is slightly less than a third of all respondents. 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.

In the Swan Hill LGA the benchmark of 70% of consumers with multiple or complex needs who are receiving service from more than one service has occurred for approximately a third of consumers 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 only partially being accessed and used to build knowledge of Service Coordination Practice and of the SCTT. The SCTT Online module is being accessed more so than the Service Coordination Online module.

Agency referrals – Received and Sent

There were eighteen sectors and agencies identified where the majority of referrals are received from; these are self referrals, from General Practitioners or from within their own agency, case management is another sector that is more commonly receiving referrals.

There were nineteen responses to the question “Where does your agency sent the majority of referrals”, with the most referrals are being sent internally within the agency and then to Personal Alarm Victoria (PAV). The remainder is across a spread of agencies and services. The high number of internal referrals was noted for Swan Hill District Health and Bendigo Health.

Utilising secure electronic messaging

The agencies and sectors identified that Swan Hill LGA and Regional Agencies would like to see utilising electronic messaging are ACAS, Bendigo Health, Bendigo Health – Case Management, Mallee District Aboriginal Service and Swan Hill District Health and General Practice was a noted sector. A couple of responses noted they would like to see “All” agencies.

Service Coordination Partnership Projects

Care Plans is a common theme including *Goal directed care planning*, *Sharing and implementing care plans* and *Case managing care plans*. Sectors noted as being engaged to be involved in partnership projects are General Practitioners, Mallee District Aboriginal Service, Mental Health and Swan Hill Rural City Council. Accreditation and E-communication have also been identified.

Training, education and support

The themes that have come across for Swan Hill LGA and Regional Agencies include;

- Training, education and support for Goal directed care plans
- SCTT tool
- Strengthening partnership work particularly with GP's to support completion and sharing of care plans
- Connectingcare

CONCLUSION

The Annual Service Coordination Reports 2012 - 2013 and additional questions have provided SMPCP Members – Swan Hill LGA and Regional Agencies with information, benchmarks and evidence of current Service Coordination systems and practice across the Swan Hill 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 – SWAN HILL AGENCIES AND REGIONAL AGENCIES FOR CONSIDERATION INCLUDE;

PROMOTE:

Secure Electronic Communication;

- Increase uptake and use of secure electronic messaging

Privacy

- Confirm and promote what is a secure messaging system and what is not acceptable systems

Resources such as;

- SCTT and Victorian Service Coordination Practice Manual
- Online learning modules (Service Coordination and Service Coordination Tool Templates)

CAPACITY BUILDING

- Care planning – goal directed and sharing care plans
- Understanding and using the Service Coordination Tool Templates effectively and consistently
- Use of resources such as Client Management Systems, Secure Communication Systems

PROJECTS

Explore the opportunity to develop Local Agreements for Care Planning (Goal Directed) with;

- Swan Hill Rural City Council
- General Practice
- Bendigo Health
- Mallee District Aboriginal Services

Engage and develop relationship and partnerships with;

- General Practice – Swan Hill Medical Group and Tristar Medical Centre

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 Swan Hill LGA will sit with and progressed by SMPCP Swan Hill Health and Wellbeing Partnership Group.

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Service Coordination Reporting 2012 - 2013

Swan Hill 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 Swan Hill Local Government Area (LGA) there were two local SMPCP Member Agencies who participated in Annual Service Coordination Reporting 2012 – 2013, and three regional providers.

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

Swan Hill LGA

Swan Hill District Health	Hospital
Swan Hill Rural City Council	Council

Regional

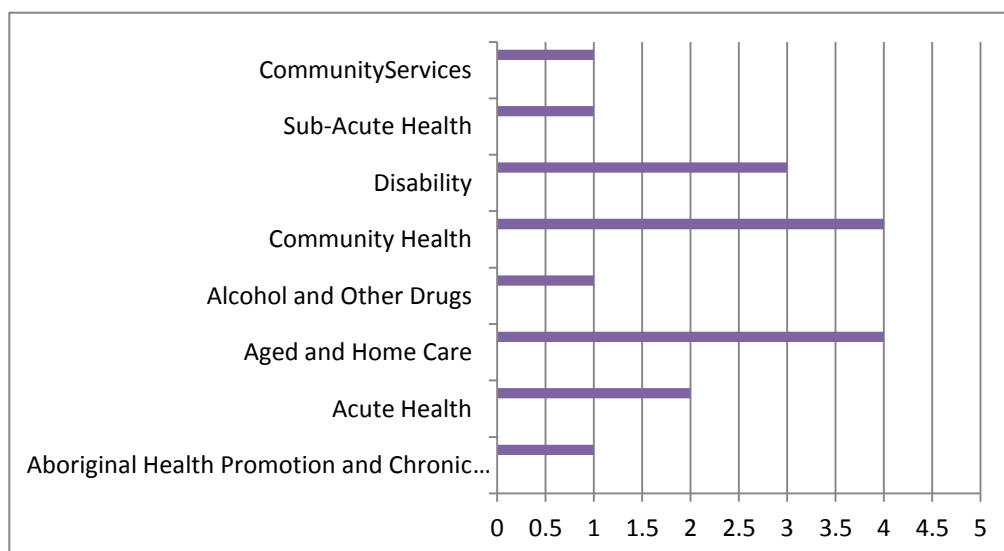
Bendigo Health	Community Health
Mallee District Aboriginal Services	Community Health
Mallee Family Care	Community Services

Services/Programs

- Swan Hill Rural City Council reported for Aged and Home Care program / services area
- Swan Hill District Health had seven program / service areas participate including Community Health, Primary Health, Alcohol and Other Drugs, Acute Health, Aged and Home Care
- 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 seventeen services / programs across Swan Hill LGA Agencies and Regional Agencies have been considered in the reporting process.

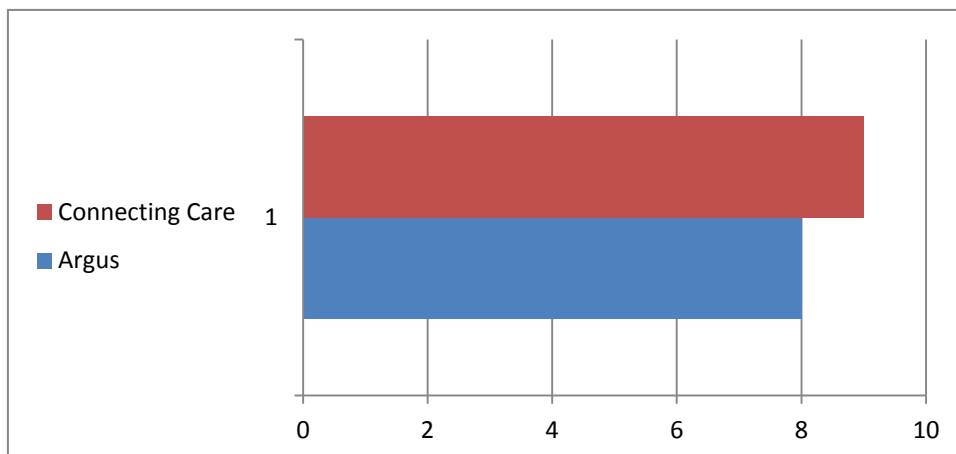
Service / Program Area related to the data



SYSTEMS MEASURES

Secure Electronic Messaging

Swan Hill and Regional Agencies are using either or both Argus and Connectingcare as the secure electronic messaging systems. Swan Hill District Health and Mallee District Aboriginal Services utilise Argus; for Swan Hill District Health this has been in place so secure communication can occur with General Practice from a range of service / program areas. Mallee District Aboriginal Service have Argus which is compatible and linked with their client management system.



Client Information Management Software

A range of Client Information Management Software applications are being used by Swan Hill and Regional Agencies these include iPM, Carelink+, Communicare, Switch / Penelope, UNITI and ACE.

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

Of the thirteen responses from Swan Hill LGA Agencies and service / program areas there are only six instances where Client Information Management Software, three reporting the 2009 version and three the 2012 version.

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 by Swan Hill LGA Agencies and Regional Agencies in all instances are the *Consumer Information, Referral cover sheet and acknowledgement, Summary and referral information* and *Consent to share information*.

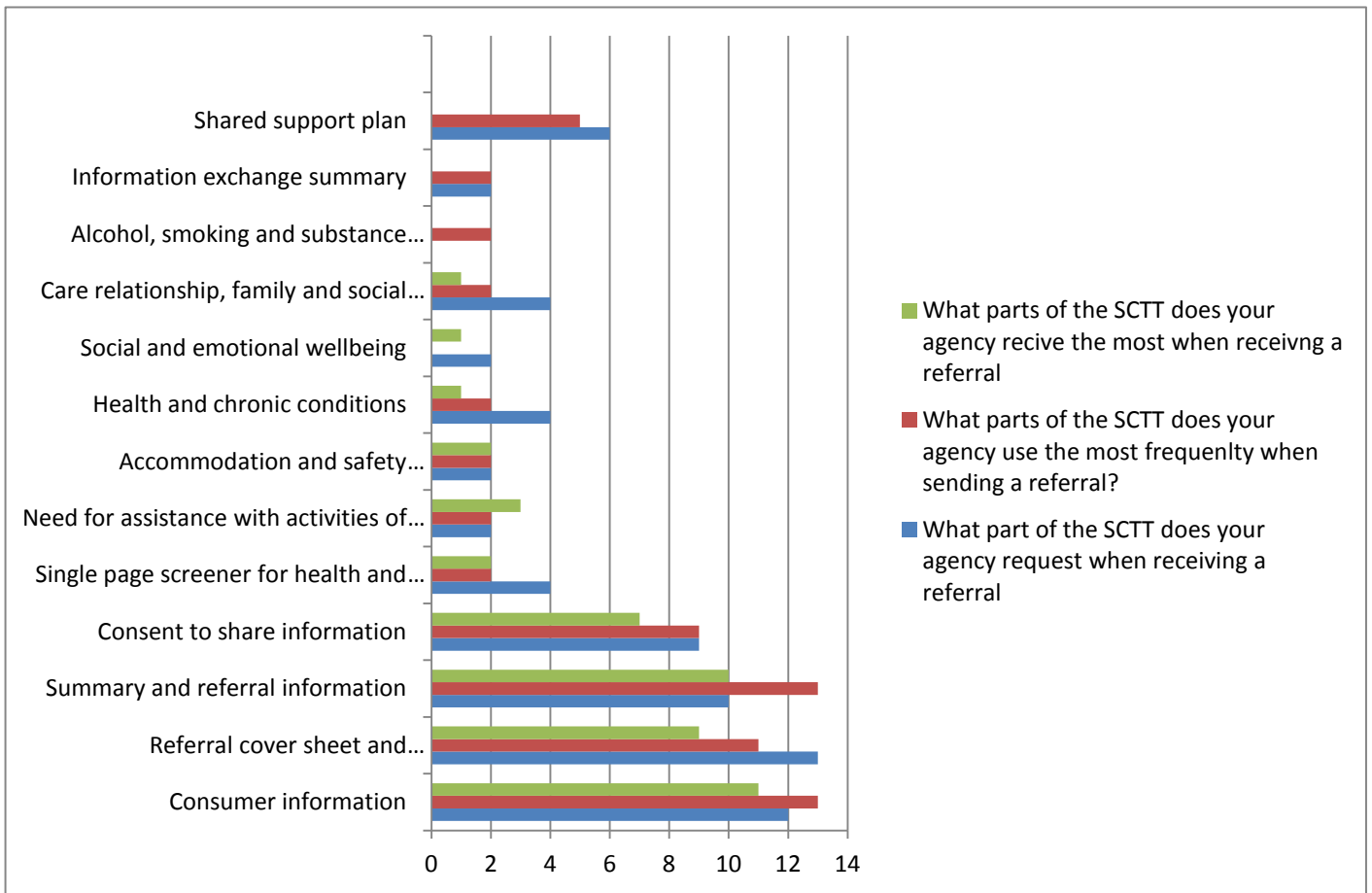
Of the thirteen responses provided Swan Hill LGA Agencies and Regional Agencies are **requesting they receive** the Core Templates along with *Shared support plan, Single Page Screener, Health and chronic conditions and Care relationship, family and social network* the most.

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

The SCTT that is **being received the most** when receiving a referral are the Core Templates and *Need for Assistance with Activities*.

Overall the Core Templates are being used most frequently and are expected with a referral. There is some disparity to what is being reported as being sent and what is being received most frequently.

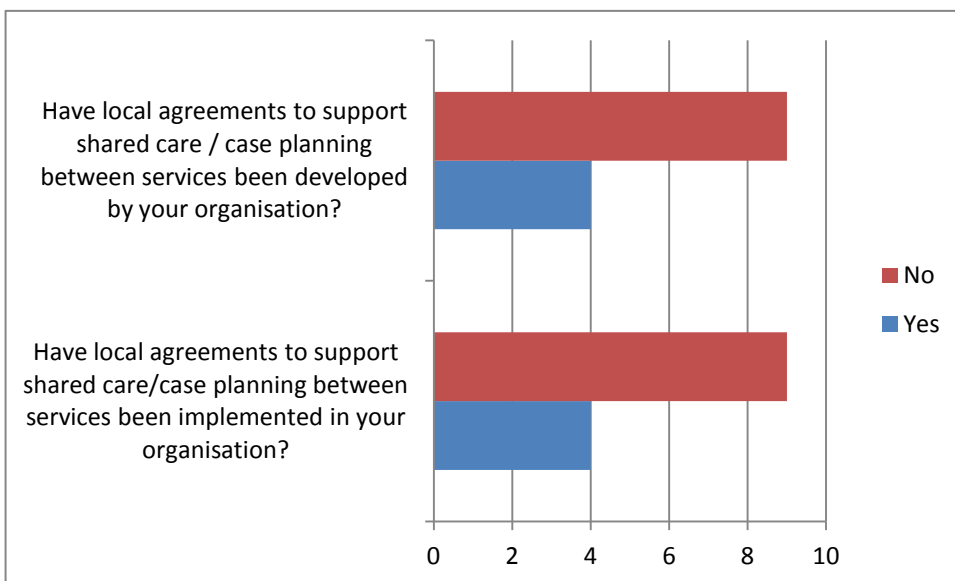
With the limited number of Client Information Management software reported as supporting SCTT it is possible this could have an effect on broader use of Optional SCTT and what is being received.



Local Agreements - Developed and Implemented

- **Shared care / case planning**

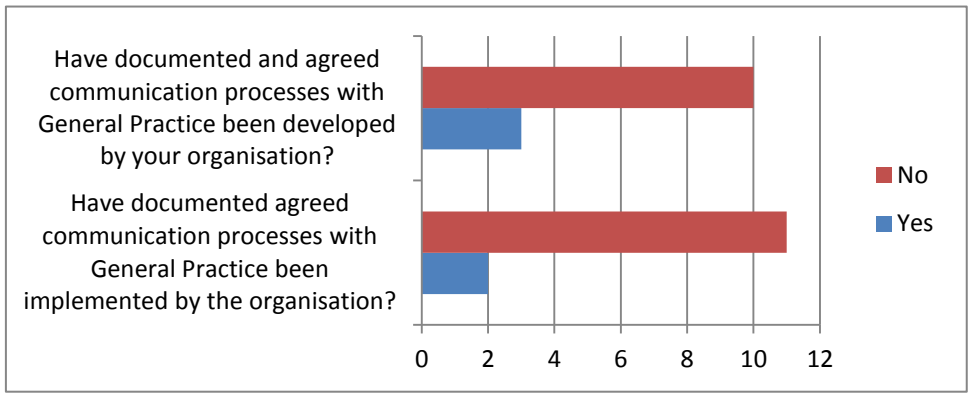
Of the 13 responses received from Swan Hill LGA Agencies and Regional Agencies to the question on local agreements to support shared care / case planning services have been developed and implemented four have reported an agreement is in place and it is being implemented. For the majority of respondents there is not a document Local Agreement currently in place.



Communication processes with General Practice – Developed and Implemented

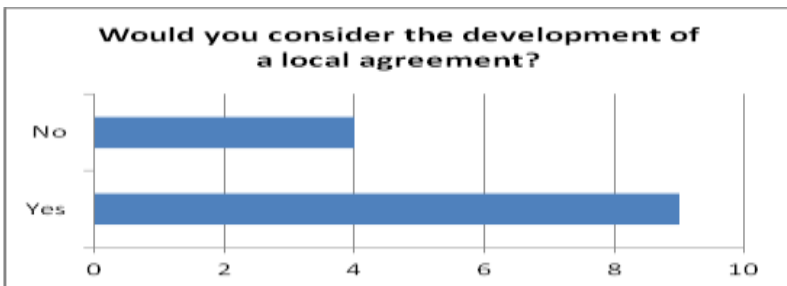
There are very limited agreed communication processes with General Practice developed and being implemented in the Swan Hill LGA with Swan Hill and Regional Service Providers.

For the three responses received that they do have an agreed and documented process it is being implemented by two of the respondents.



Interest in the Development of a Local Agreement

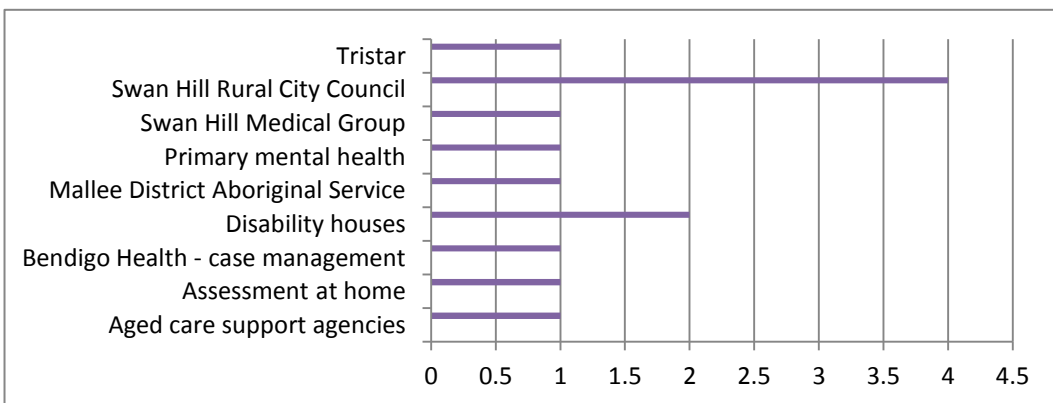
Of the thirteen Swan LGA Agencies and Regional Agency responses nine have indicated they would consider the development of local agreements.



Six of the nine who indicated interest in the development of Local Agreements provided detail of who they would like this to be with and in three instances provide the name of several agencies and or sectors; to assist with evaluation these were broken into individual recommendations.

Swan Hill Rural City Council has been identified as one of the key agencies. There is interest in local agreements with the two local General Practices, Bendigo Health and Mallee District Aboriginal Services.

Sectors identified include *disability sector* and *primary mental health*. The other identified as *Aged care support agencies* and *Assessment at home* which could be a range of agencies identified and engaged in the development of a Local Agreement.

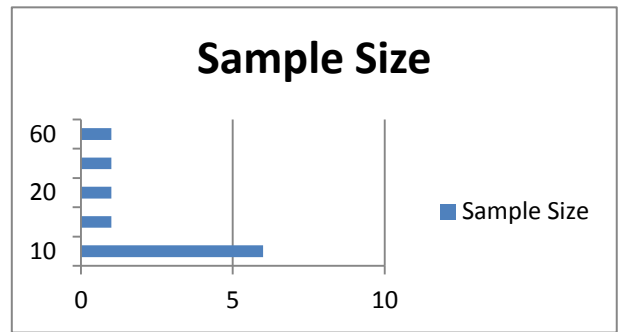
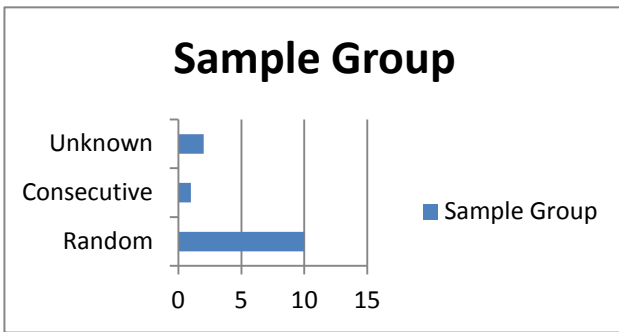


PRACTICE MEASURES

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

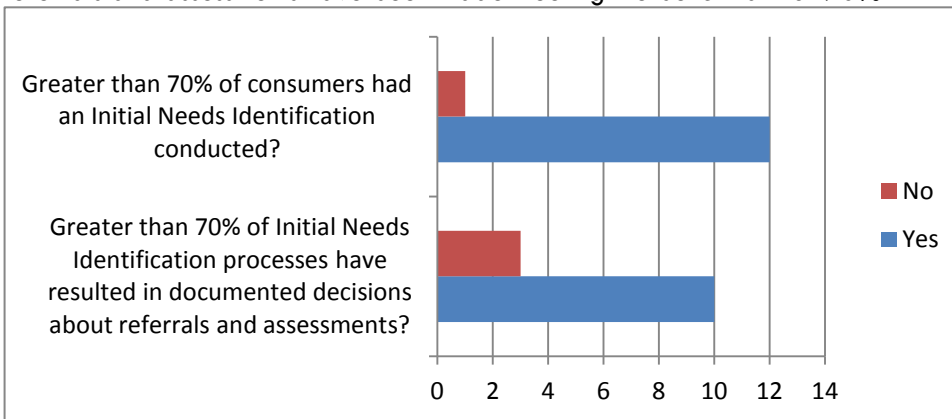
The majority of Swan Hill LGA Agencies and Regional Agencies who completed the File Audits and answered this question conducted a Random File Audit with the common number of files audited being ten (10) and the most audited being sixty.



Benchmark 70% of Initial Needs Identification

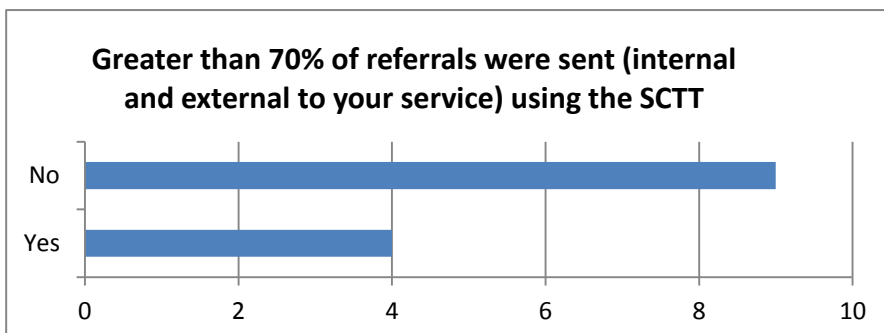
- **Conducted**
- **Processes have resulted in documented decisions about referrals and assessments**

Of the thirteen responses received the majority report they meet the benchmark of 70% for Initial Needs Identification having been conducted. The majority of respondents also reported documented decision about referrals and assessments have been made meeting the benchmark of 70%.



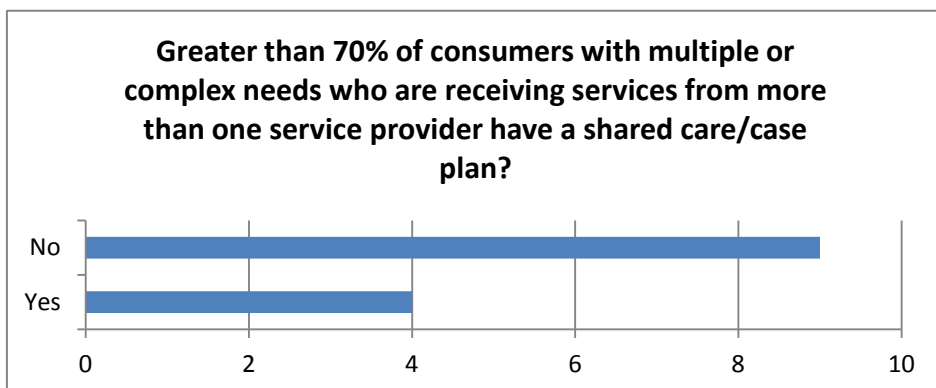
Benchmark 70% of Referrals Sent (internal and external to your service) using the Service Coordination Tool Template (SCTT)

The Service Coordination Tool Templates are **not** being used commonly for referrals with over half of the respondents replying no.



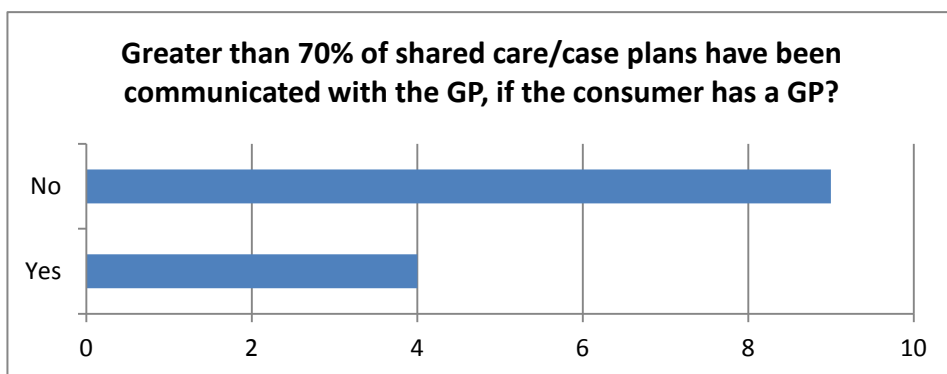
Benchmark 70% of consumers with multiple or complex needs who are receiving services from more than one service provider has a shared care / case plan

The consumer files audited for Swan Hill LGA and Regional Agencies indicate that the benchmark of 70% is **not** commonly being met for consumers with multiple or complex needs having a shared care / case plan with more than one service provider.



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 commonly occurring with Swan Hill LGA Agencies and Regional Agencies with nine of the thirteen responses indicating no; therefore the benchmark of 70% is mostly not being met.

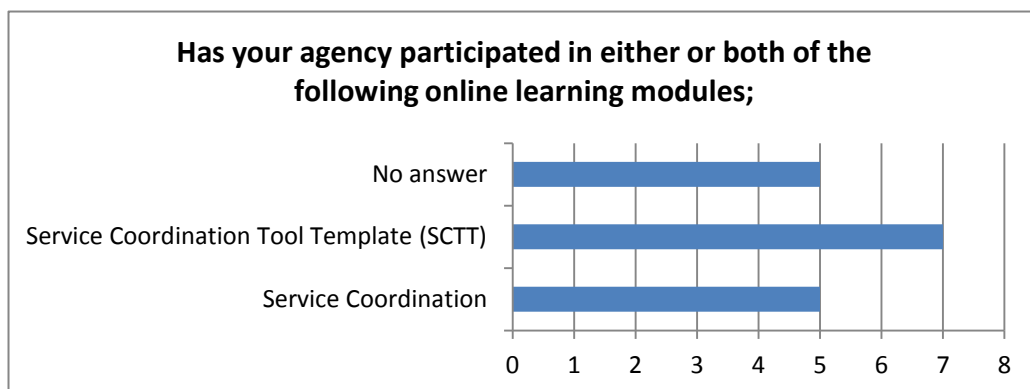


OTHER INFORMATION

Participation in either or both of the online learning modules

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

Of the thirteen respondents for Swan Hill LGA and Regional Agencies eight provided a response to this question. 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. The SCTT Online module is being accessed more so than the Service Coordination Online module.

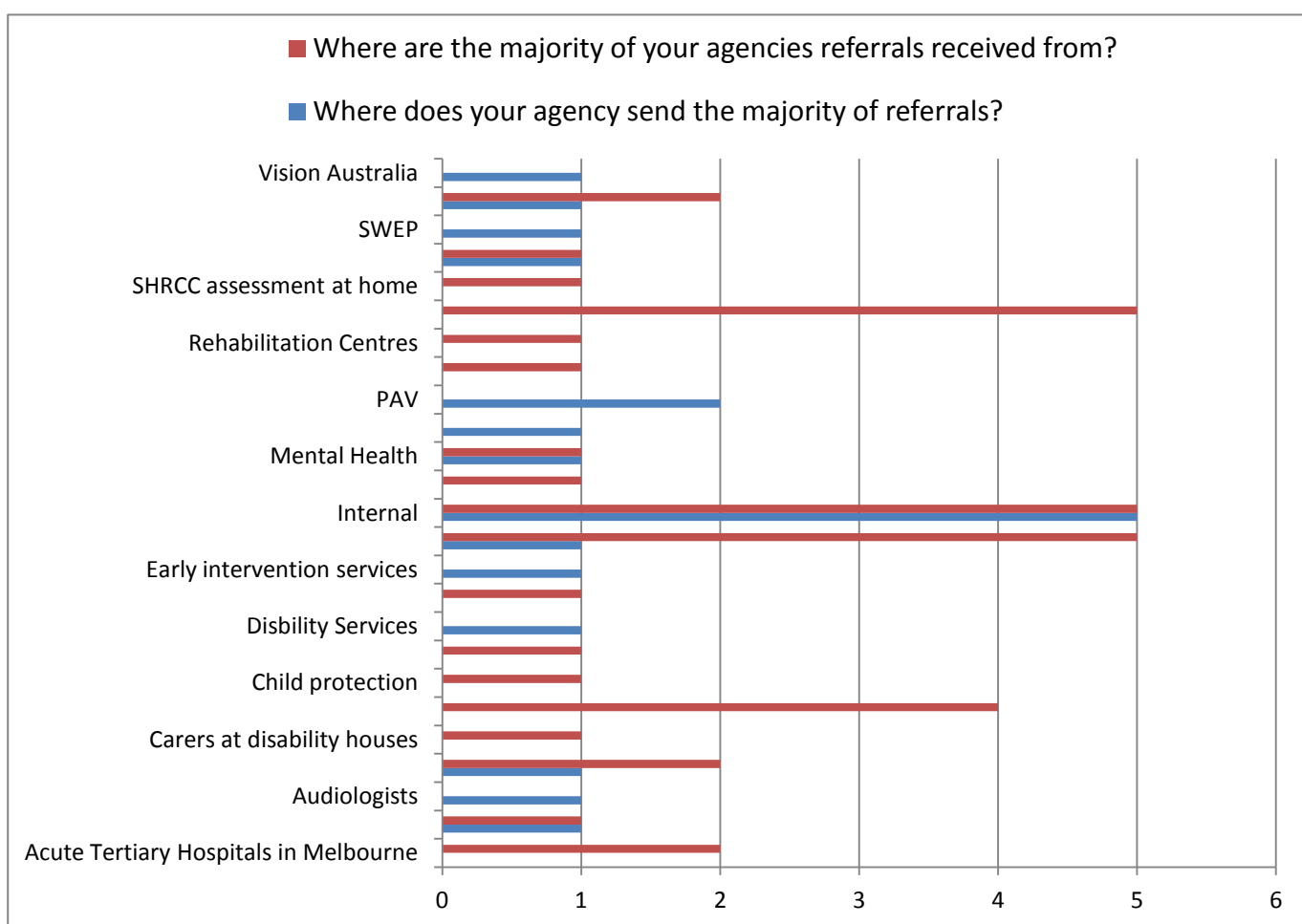


**Where are the majority of your agency referrals received from?
Where does your agency send the majority of referrals?**

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 thirty six responses to the question “Where are the majority of you agency referrals received from”, overall there were eighteen sectors and agencies identified where the majority of referrals are received from. The majority of referrals being received by the respondents of Swan Hill LGA and Regional Agencies are self referrals, from General Practitioners or from within their own agency, case management is another sector that is more commonly receiving referrals.

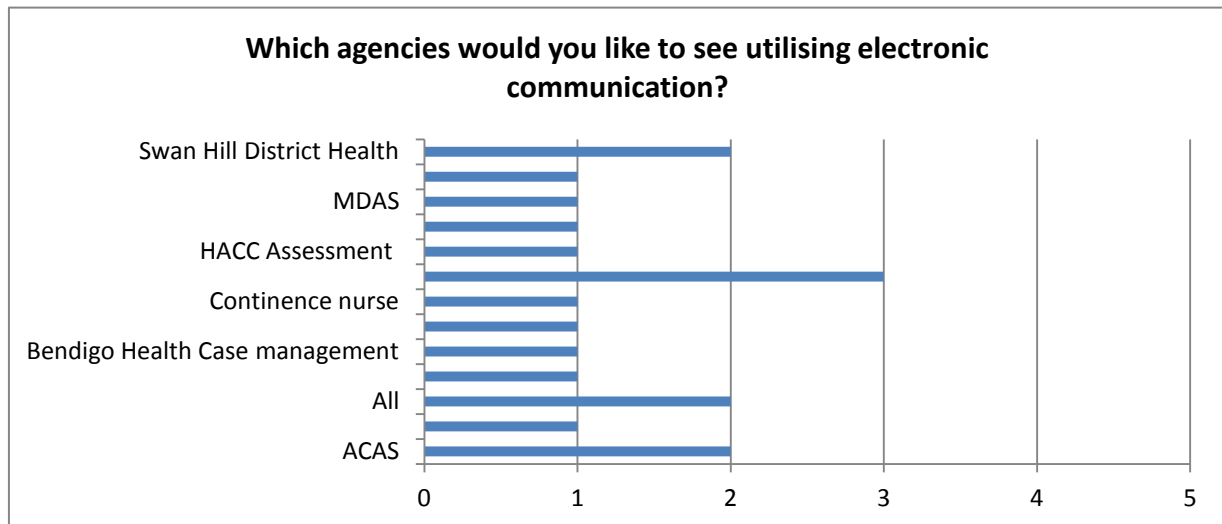
There were nineteen responses to the question “Where does your agency send the majority of referrals”, resulting in fourteen agencies and sectors being identified. Most referrals are being sent internally within the agency and then to Personal Alarm Victoria (PAV). The remainder is across a spread of agencies and services. The high number of internal referrals was noted for Swan Hill District Health and Bendigo Health.



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

There were eighteen responses provided to the question “Which agencies would you like to see utilising electronic communication?”, which were broken into individual responses. Specific agencies that were identified are ACAS, Bendigo Health, Bendigo Health – Case Management, Mallee District Aboriginal Service and Swan Hill District Health. General Practice was noted highly as a sector and there were two responses that noted they would like to see “All” agencies.

The identification of thirteen agencies, sectors and the broad comment of all tends to indicate that electronic communication is an area where increased use is desired.



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

Eight responses were received to the question “Is there a service coordination partnership project that your agency would like to work on over the next two years?”, two of which had several areas they would like to progress. The responses were broken into individual responses for collation and where information is specific to an agency not included in this LGA report but will be included in the Agency specific report.

Responses received are;

- Assistance in accreditation
- Assistance with implementation of Goal Directed Care Planning
- E-communication with GP's and MDAS
- Engagement of GPs to care plans
- GP's and Mental Health
- Implementing the Goal Directed Care Planning as specified for HACC clients
- Referrers sending their care plan with referral
- Shared Care / Case management Plans
- Shared care planning (Goal Directed Care Planning)
- Swan Hill Rural City Council

While it is a little challenging grouping the partnership projects identified without changing the responses into 'common' responses there are themes that have come through.

Care Plans is a common theme including *Goal directed care planning, Sharing and implementing care plan* and *Case managing care plans*. Sectors noted as being engaged to be involved in partnership projects are General Practitioners, Mallee District Aboriginal Service, Mental Health and Swan Hill Rural City Council. Accreditation and E-communication have also been identified.

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

The responses received from Swan Hill 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 are as follows;

- Communicare Practice with focus on Aboriginal Health
- Education with GP clinics to strengthen partnership in working together with completion / sharing of care plans
- Extra training of the updated SCTT tool
- Feedback from survey and advice on quality improvements
- 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
- Participation in available online learning particularly in relation to SCTT2012
- Regular training in connecting care
- Training for all staff

The themes that have come across include;

- Training, education and support for Goal directed care plans
- SCTT tool 2012
- Strengthening partnership work particularly with GP’s to support completion and sharing of care plans
- Connectingcare

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