Service Coordination Survey 2015

Region report

Loddon Mallee

Responses to the Service Coordination Survey

59 from Loddon Mallee
14 from Bendigo Loddon Primary Care Partnership
17 from Campaspe Primary Care Partnership
9 from Central Victorian Primary Care Partnership
1 from Northern Mallee Primary Care Partnership
18 from Southern Mallee Primary Care Partnership

339 responses from across Victoria

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1. Introduction

Overview

There are many different types of services available across Victoria's health and human services system. No common system automatically links services to allow people with multiple needs to access coordinated care.

The service coordination framework helps service providers to work together to align practices, processes and systems so:

- people access the services they need, no matter what service they go to first
- providers exchange the right information so consumers receive good care from the right providers at the right time
- people have their health and social needs identified early, preventing deterioration in health.

Service coordination places consumers at the centre of service delivery. It enables organisations to remain independent of each other, while cooperating to give consumers a seamless and integrated response. In particular, the practice of service coordination particularly helps enable more effective ways of supporting people with complex and multiple needs.

Primary Care Partnerships (PCPs) work with organisations in their local area and focus on better coordination among services, improved chronic disease management, prevention and integrated health promotion and strong partnerships.

The service coordination survey measures some of the accountability indicators in the PCP Program Logic 2013-17 for early intervention and integrated care. PCPs are expected to strongly encourage the organisations they work with to complete the survey. The department also expects its funded organisations to participate in Primary Care Partnership activities as appropriate and to provide quality service coordination practice, as required in the department's Policy and Funding Guidelines for 2014-15.

About this report and survey

The service coordination survey:

- allows organisations to track their own progress in service coordination practice and to view it in comparison to that of other organisations
- provides information to PCPs to enable them to focus their efforts to support organisations in their area
- provides information to the department about the results of its strategies to support system change in service coordination across Victoria.

The survey is undertaken within the context of an ongoing quality improvement process and can provide evidence for service and program reporting requirements (e.g. Quality Care Reports) and accreditation processes.

This report benchmarks service coordination practice for PCPs in your region, against the average for your region and the state. The system and practice areas measured in this report include:

- eHealth
- shared care/case planning
- communication with general practice
- initial needs identification
- referral

Changes between 2013 and 2015 survey

Some additional information was gathered in the 2015 survey, including on:

- which tools other than SCTT are used for referral
- which particular sections of the SCTT suite are used and valued
- quality improvement areas organisations are focusing on
- organisations' feedback on PCPs' support in service coordination practice.

In the 2013 survey, respondents were asked to answer yes/no to whether they had achieved some practice measures for at least 70% of clients. In 2015, the survey question was changed to allow respondents to give the actual percentage of clients. This report shows the average percentage answer for practice measure, by PCP, region and for the state. The 70% point is still displayed, so results can be compared to those for previous years.

In an effort to streamline responses and demands on organisations, PCPs were encouraged to nominate a 'lead PCP' to liaise with an organisation that crosses PCP catchments. In some cases, this may affect the overall results for the PCP or region when compared to the previous survey results, if an organisation no longer submits a survey to the same PCP catchment.

Feedback to organisations has also changed. In 2013, organisations that submitted multiple responses (different submissions for individual programs/services/sites within an organisation), received an aggregate report with organisation results represented by the majority response, whereas in 2015, organisations will receive a report for each completed survey response submitted.

2. Reading the results

Organisations had the flexibility to choose whether to provide a single survey response for each program/service/site, or whether to provide a consolidated response for the organisation. The basis for this decision was whether or not organisations judged their service coordination practice to be consistent across sites or programs/services.

Analysis of results

The results are provided based on the number of surveys completed, rather than the number of organisations. This should provide a more accurate picture of service coordination practice, but may make comparison with the aggregated results for the 2013 survey less straightforward.

Comparisons

The reports compare results for each of the Region's PCPs, the Region and Victorian (statewide) results. The comparison figure is based on the percentage of completed surveys submitted (not unique organisations) in each of the groups.

Rounding

Throughout the report, percentages have been rounded to whole numbers. When looking at charts and tables, figures may not always add up to 100%. However, if more decimal places were used, additions would be correct.

Handling of no answers and invalid responses

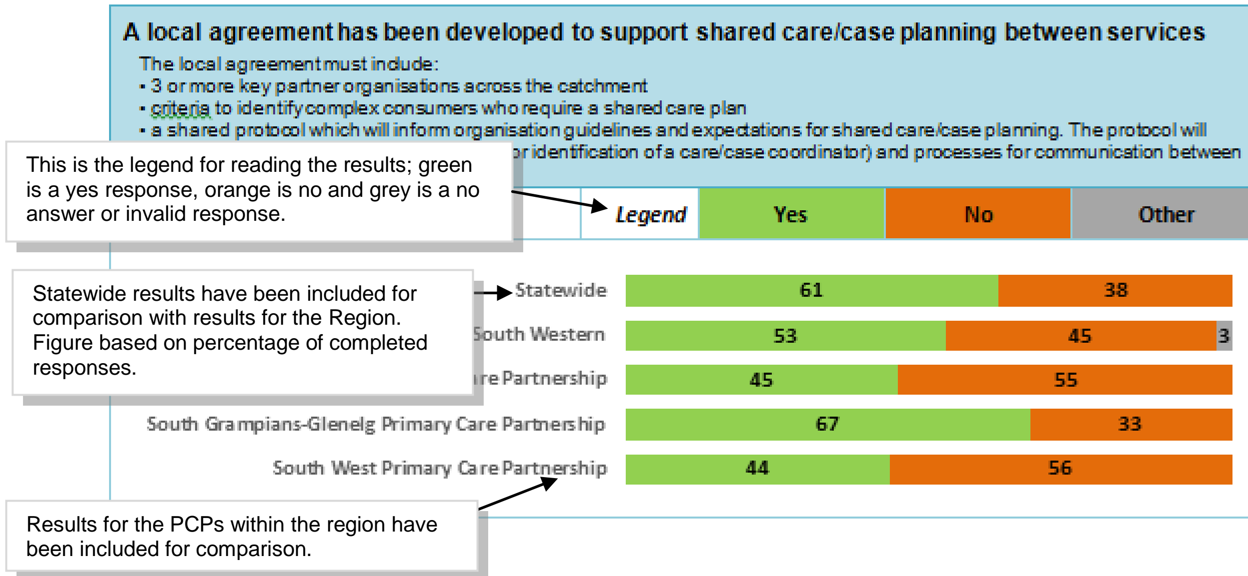
Respondents who did not answer a question or who chose an invalid value as their response were recorded as 'other', presented as a grey box.

Definitions

Because organisations could submit more than one survey response, when discussing results, the term respondent has been used throughout this report. This reflects that results may apply to an organisation or may apply to practice in part of an organisation.

How to read the charts

Below are two examples of charts you will find throughout the report, with an explanation on how to read these charts.



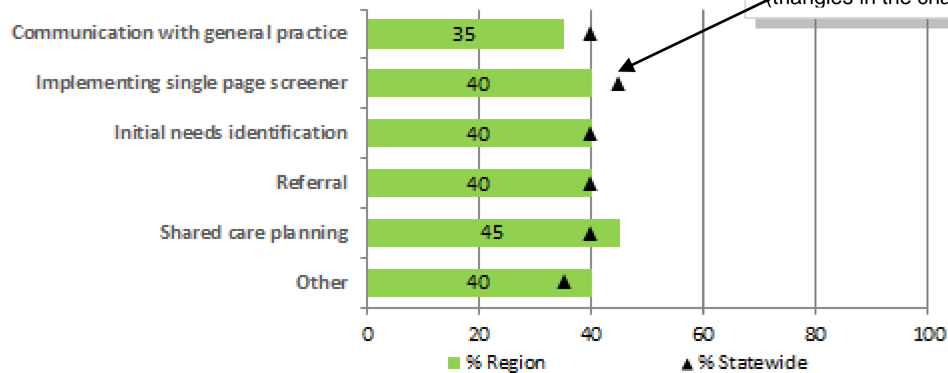
Main area(s) you currently focus on

The bars in the chart show the proportion of completed surveys that reported this as an area of focus for quality improvement, on average, for region.

The symbols in the chart show the proportion of completed surveys that reported this as an area of focus for quality improvement, on average, for State.

Respondents could choose more than one answer option for this question

Region results (green bars) have been compared with Victorian statewide results (triangles in the chart).



The table shows the results for each PCP within the region.

% of PCPs value	G21 Primary Care Partnership	South Grampians-Glenelg Primary Care Partnership	South West Primary Care Partnership
Communication with general practice	35	35	35
Implementing single page screener	40	40	40
Initial needs identification	40	40	40
Referral	40	40	40
Shared care planning	45	45	45
Other	50	50	50

Using the results

The Service Coordination Survey 2015 provides an important source of information which will be used by the Department of Health and Human Services and PCPs to continually measure the level of integration and coordination across a broad range of health and human services.

More importantly, the results of the survey can be used throughout the sector by managers, networks, working groups, organisations and PCPs to inform planning and monitor improvement strategies. The Department of Health and Human Services encourages all organisations to engage with the results of the survey and think about how change can be affected at a systems level to improve results over time.

3. System measures

E-Health

This section identifies the E-health facilities the organisation is using.

Secure messaging/communication system used

Type:	% Region organisations that use	% Victorian organisations that use
Connecting Care	86	44
S2S		34
Argus	22	7
RIMS (via connecting care)	2	4
BETTI	2	4
ReferralNet		3
Other	15	27

**Other responses included: No answer, none, standard eMail, TRAK, SWARH, My Aged Care Portal, Healthlink, eReferral and Bossnett.*

Client information management software application used

Also referred to as patient information management system

Type:	% Region organisations that use	% Victorian organisations that use
IPM	34	19
UNITI	15	14
TCM	5	13
TrakCare	2	11
IRIS	12	10
Carelink +	8	9
Xpedite	10	8
Medical Director	2	7
HMS	7	7
PJB	19	6
ACE	5	6
SWITCH	3	5
Best Practice	5	4
Penelope	10	4
CRISP	7	4

Version of SCTT in your client information management system

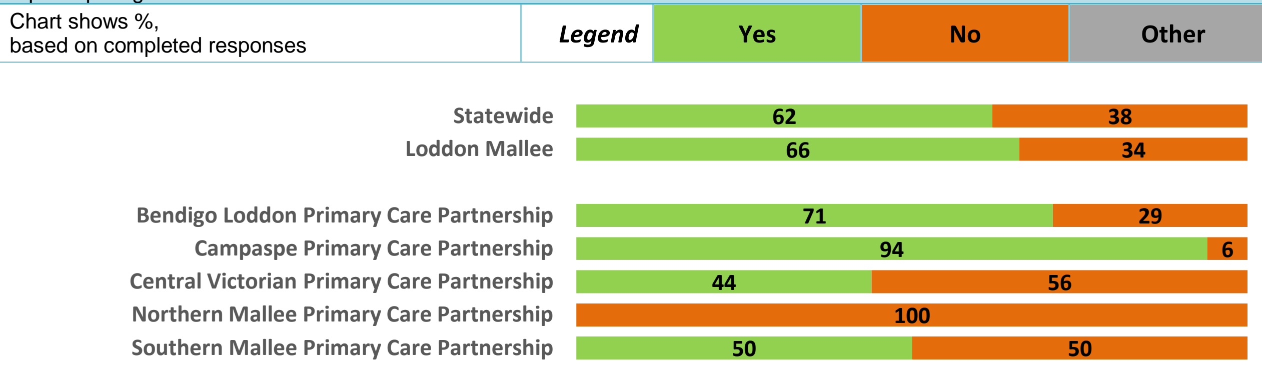
Type:	% Region organisations that use	% Victorian organisations that use
SCCT2006		3
SCTT2009	25	39
SCTT2012	46	40
Don't use SCTT	29	19

Shared care planning

This section identifies system development to support shared care/case planning across organisations.

A local agreement has been developed to support shared care/case planning between services

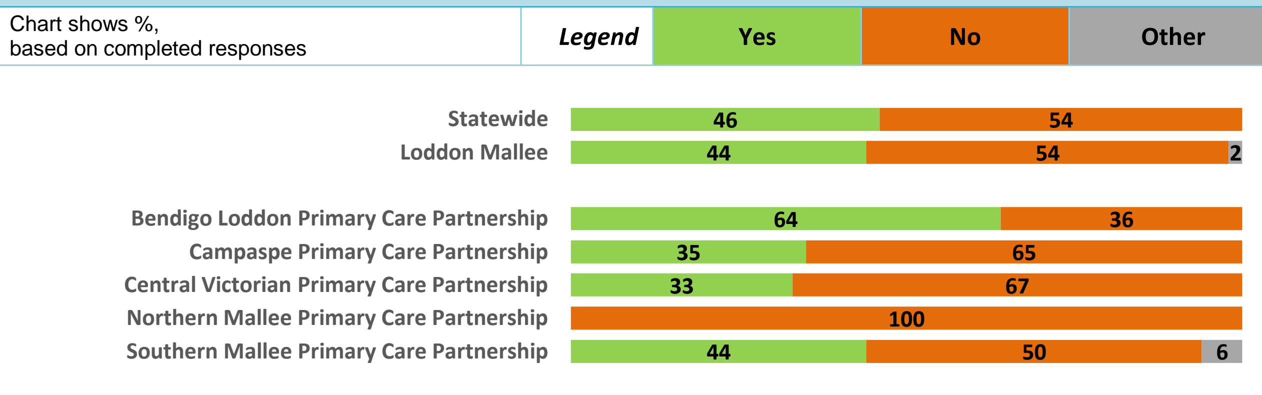
The local agreement must include:
- 3 or more key partner organisations across the catchment
- criteria to identify complex consumers who require a shared care plan
- a shared protocol which will inform organisation guidelines and expectations for shared care/case planning. The protocol will include roles and responsibilities (process for identification of a care/case coordinator) and processes for communication between participating services.



A local agreement to support shared care/case planning between services has been implemented by the organisation.

The local agreement /protocol (as defined above) must meet the following criteria:

- The local agreement/protocol is integrated into the organisation's practice and procedures guidelines, work plans and job descriptions
- There is compliance with the practice and procedure (measured through a continuous improvement process)



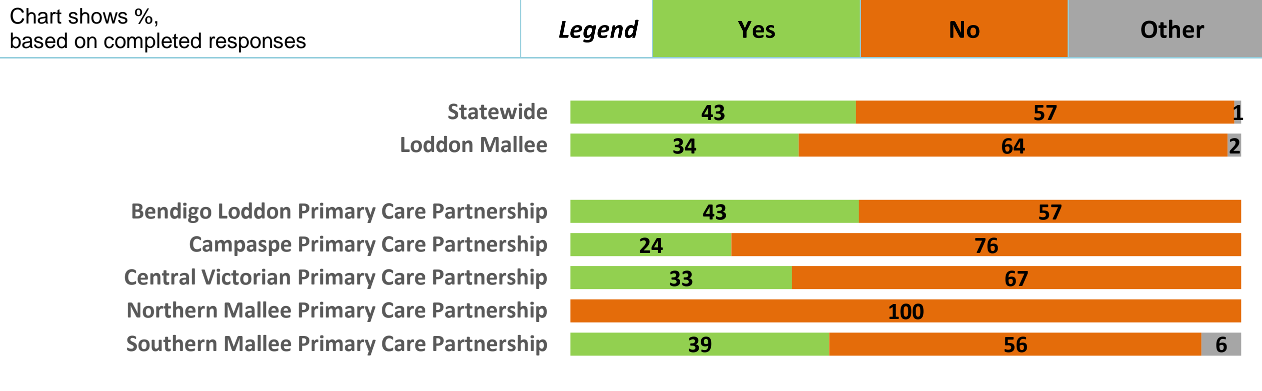
GP Communication

This section of the report identifies systems approaches to improve communication with GPs.

Documented and agreed communication processes with general practice have been developed

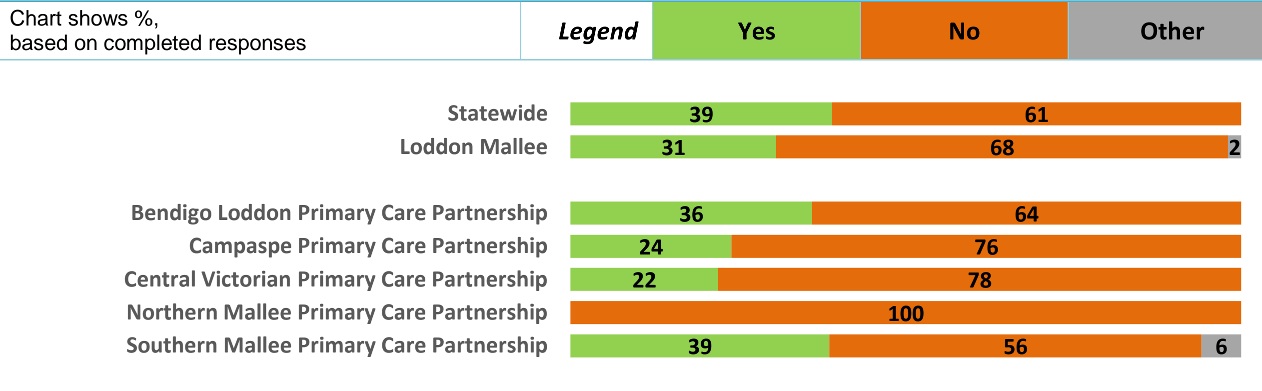
The agreed communication processes:

- are developed with input from general practice
- must include guidelines and expectations for communication with general practice



Documented agreed communication processes with general practice have been implemented by the organisation

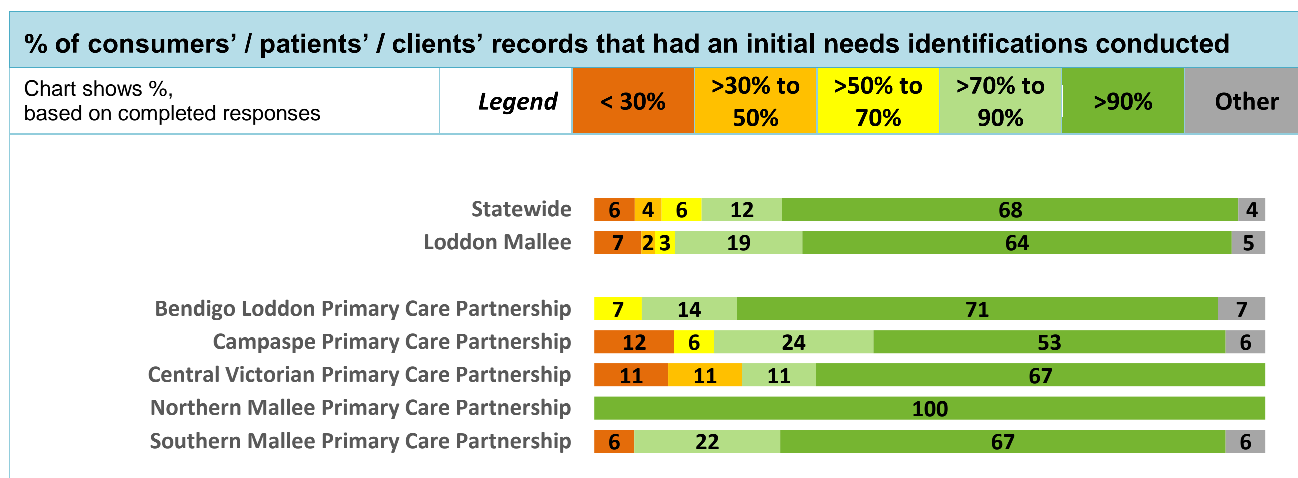
These are integrated into the organisation's practice guidelines and procedures, job descriptions and work plans.

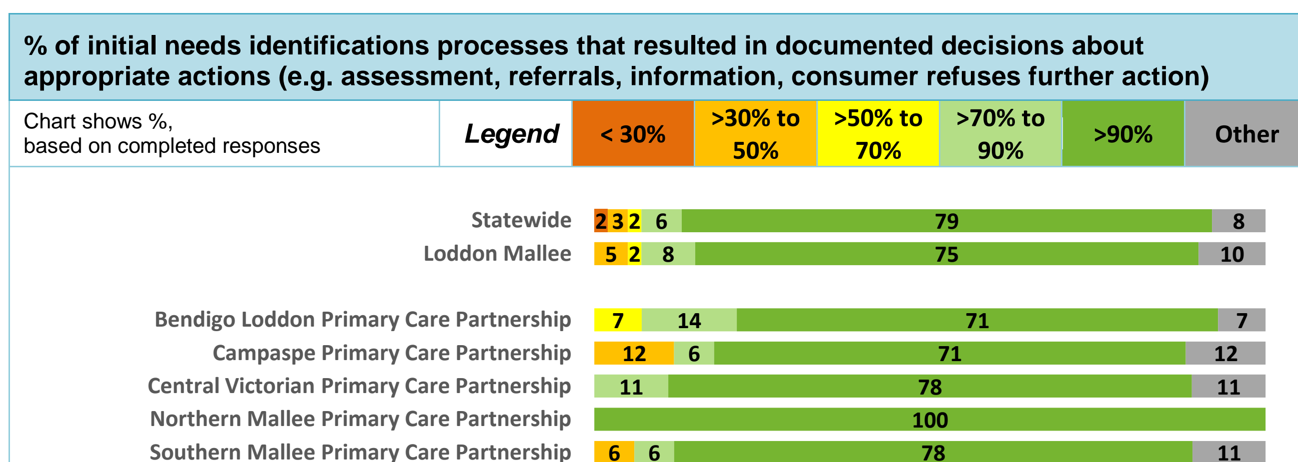


4. Practice measures

Initial needs identification

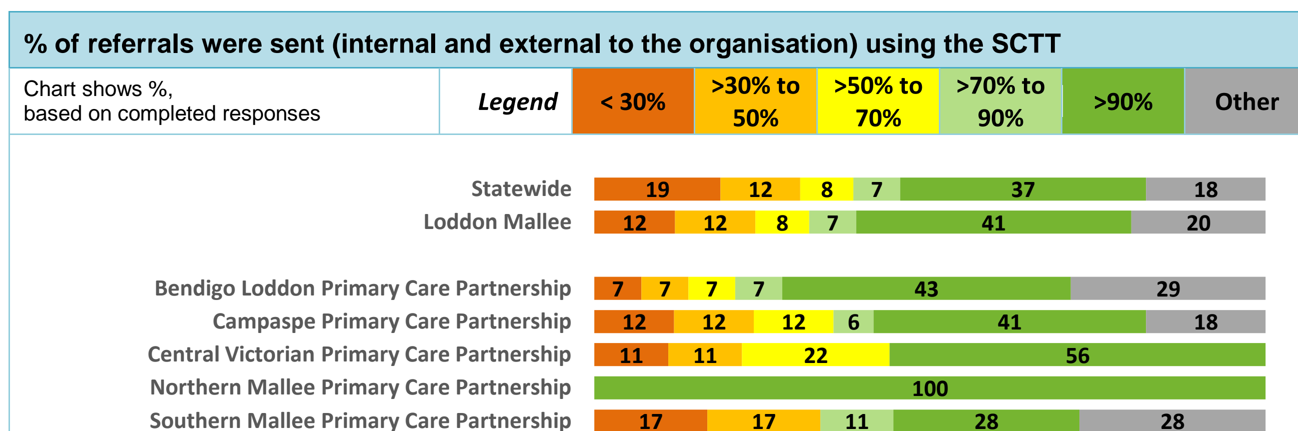
This section identifies the broad screening practice within the organisation using a consumer centred approach.





Service Coordination Tool Templates (SCTT)

This section identifies how much SCTT is used for referral.

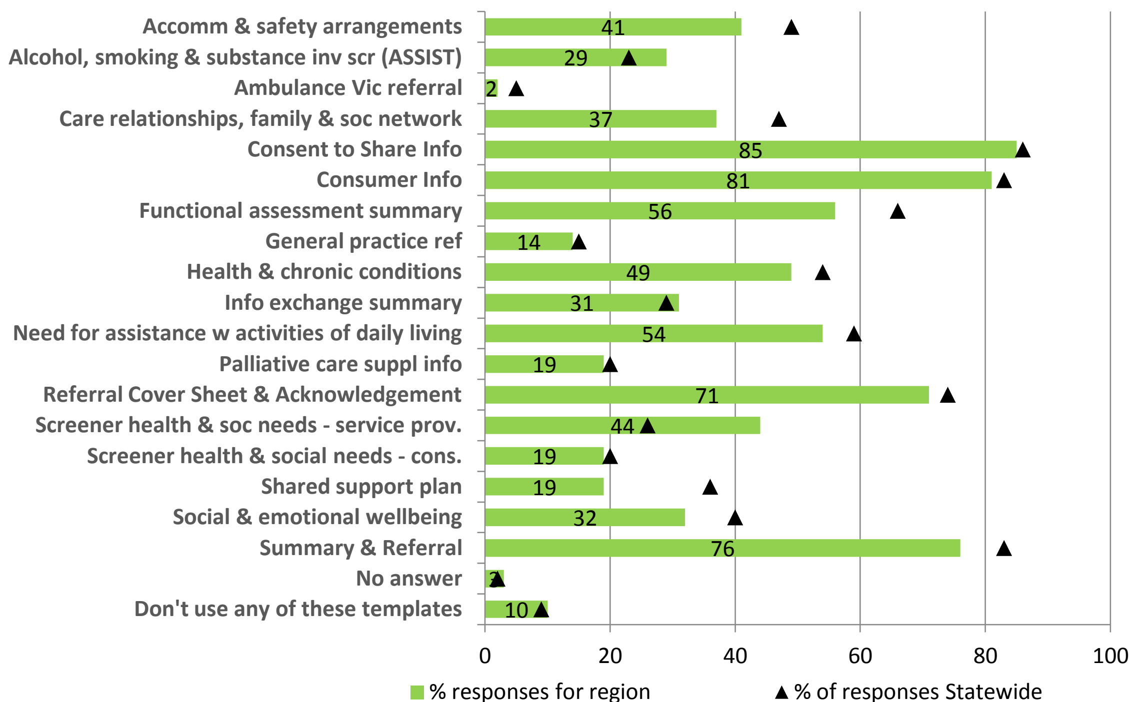


SCTT used by organisation for referrals

This chart and table show the percentage of respondents that use each template.

Respondents could choose more than one answer option for this question

Based on completed responses



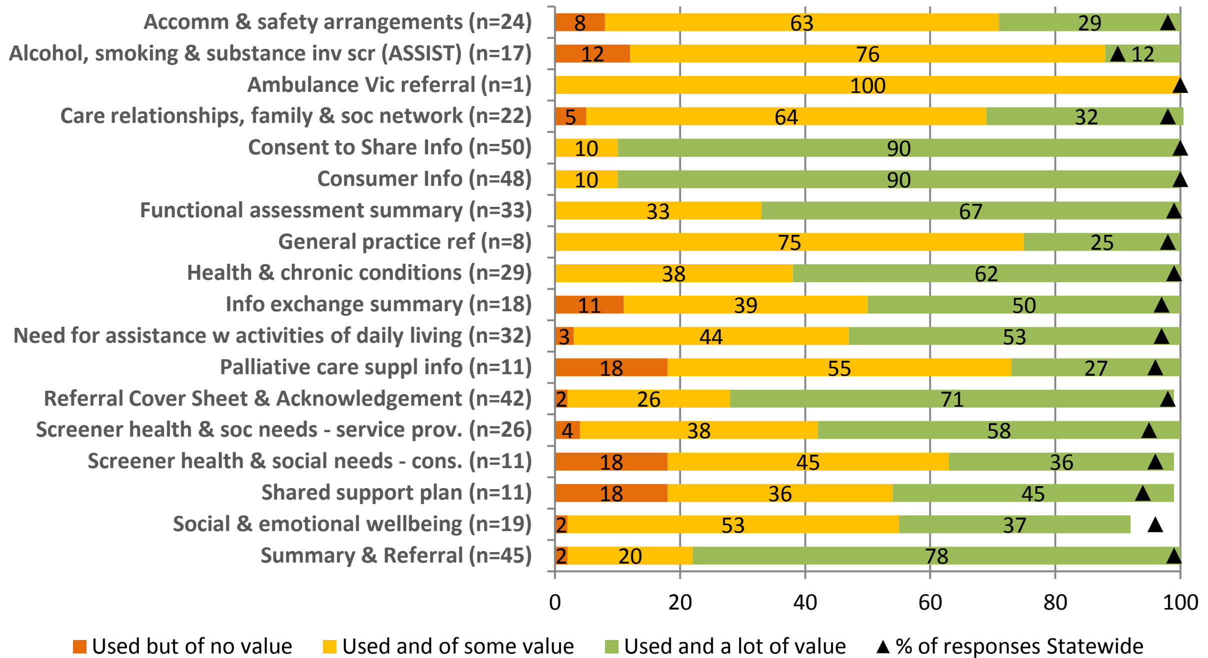
% of respondents in each PCP that use the template	Bendigo Loddon Primary Care Partnership	Campaspe Primary Care Partnership	Central Victorian Primary Care Partnership	Northern Mallee Primary Care Partnership	Southern Mallee Primary Care Partnership
Accomm & safety arrangements	43	35	11		61
Alcohol, smoking & substance inv scr (ASSIST)	29	18	44		33
Ambulance Vic referral		6			
Care relationships, family & soc network	43	35	56		28
Consent to Share Info	71	94	89	100	83
Consumer Info	71	88	78	100	83
Functional assessment summary	57	53	67	100	50
General practice ref	14	6	22		17
Health & chronic conditions	57	65	44		33
Info exchange summary	14	53	44		17
Need for assistance w activities of daily living	71	59	67		33
Palliative care suppl info		29	33		17
Referral Cover Sheet & Acknowledgement	64	82	67		72
Screener health & soc needs - service prov.	43	41	44		50
Screener health & social needs - cons.	14	24	22		17
Shared support plan	14	18	22		22
Social & emotional wellbeing	36	41	22		28
Summary & Referral	64	88	78	100	72
No answer			11		6
Don't use any of these templates	21	6			11

SCTT templates valued by organisation

This chart shows how much respondents value the templates that they use.

The bars in the chart show how much the respondent valued the different templates, on average, for Region.

The symbols in the chart show how much respondents value the templates, on average, for State.



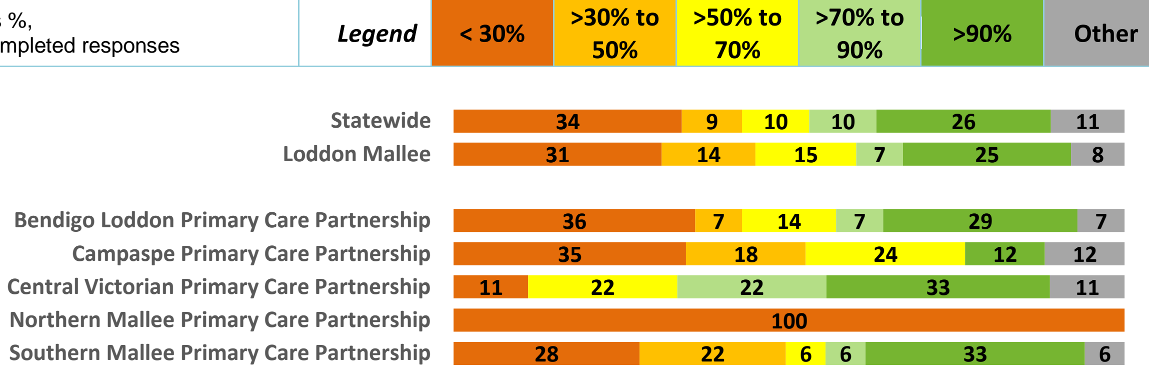
% of respondents in each PCP that value*	Bendigo Loddon Primary Care Partnership	Campaspe Primary Care Partnership	Central Victorian Primary Care Partnership	Northern Mallee Primary Care Partnership	Southern Mallee Primary Care Partnership
Accomm & safety arrangements	83	100	100		91
Alcohol, smoking & substance inv scr (ASSIST)	100	100	75		83
Ambulance Vic referral		100			
Care relationships, family & soc network	100	83	100		100
Consent to Share Info	100	100	100	100	100
Consumer Info	100	100	100	100	100
Functional assessment summary	100	100	100	100	100
General practice ref	100	100	100		100
Health & chronic conditions	100	100	100		100
Info exchange summary	100	89	100		67
Need for assistance w activities of daily living	100	90	100		100
Palliative care suppl info		80	67		100
Referral Cover Sheet & Acknowledgement	100	100	100		92
Screener health & soc needs - service prov.	100	86	100		100
Screener health & social needs - cons.	100	50	100		100
Shared support plan	100	33	100		100
Social & emotional wellbeing	100	86	100		80
Summary & Referral	100	93	100	100	100

**Value: A lot of value and some value combined*

Shared care planning

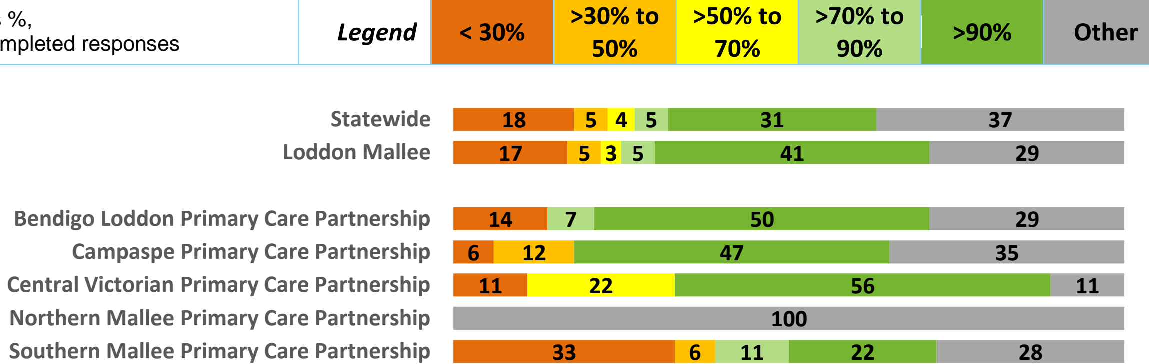
This section identifies the level of shared care planning practice within the organisation.

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



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

This includes any care plan that is shared between services e.g. General Practice Team Care Arrangements, SCTT Shared support plan.



Quality improvement

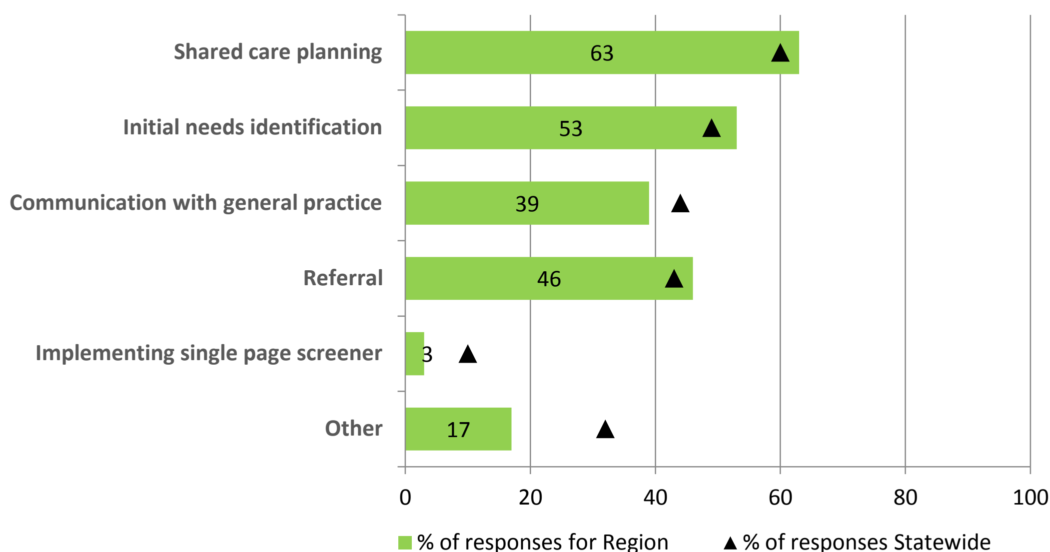
This section shows respondents' areas of activity in quality improvement.

Main area(s) you currently focus on

The bars in the chart show the proportion of completed surveys that reported this as an area of focus for quality improvement, on average, for region.

The symbols in the chart show the proportion of completed surveys that reported this as an area of focus for quality improvement, on average, for State.

Respondents could choose more than one answer option for this question



% of respondents in each PCP that value	Bendigo Loddon Primary Care Partnership	Campaspe Primary Care Partnership	Central Victorian Primary Care Partnership	Northern Mallee Primary Care Partnership	Southern Mallee Primary Care Partnership
Shared care planning	57	59	78	100	61
Initial needs identification	50	65	33	100	50
Communication with general practice	29	53	44	100	28
Referral	57	41	22		56
Implementing single page screener		6	11		
Other	14	29			17

PCP has helped / supported organisation to improve service coordination practice

Chart shows %,
based on completed responses

Legend Yes Somewhat No Other