

Service Coordination Survey 2015

Primary Care Partnership report

Southern Mallee Primary Care Partnership

Responses to the Service Coordination Survey

- 18 responses from 8 organisations in Southern Mallee Primary Care Partnership
- 59 responses from 41 organisations in Loddon Mallee
- 339 responses from 254 organisations across Victoria

Prepared By:
Prevention, Population, Primary and Community Health Branch
Mental Health, Wellbeing, Social Capital and Ageing Division
Department of Health and Human Services
For more information email: pcp@dhhs.vic.gov.au
Website: <https://www2.health.vic.gov.au/primary-and-community-health/primary-care/primary-care-partnerships>

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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. The practice of service coordination particularly supports 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 within your PCP, against 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 provides the average percentage answer for respondents in the PCP, region and the state. The proportion of responses over 70% 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 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 report compares the average results for organisations in the PCP to the average Region and Victorian (statewide) results. The comparison figure is based on the percentage of completed surveys submitted 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

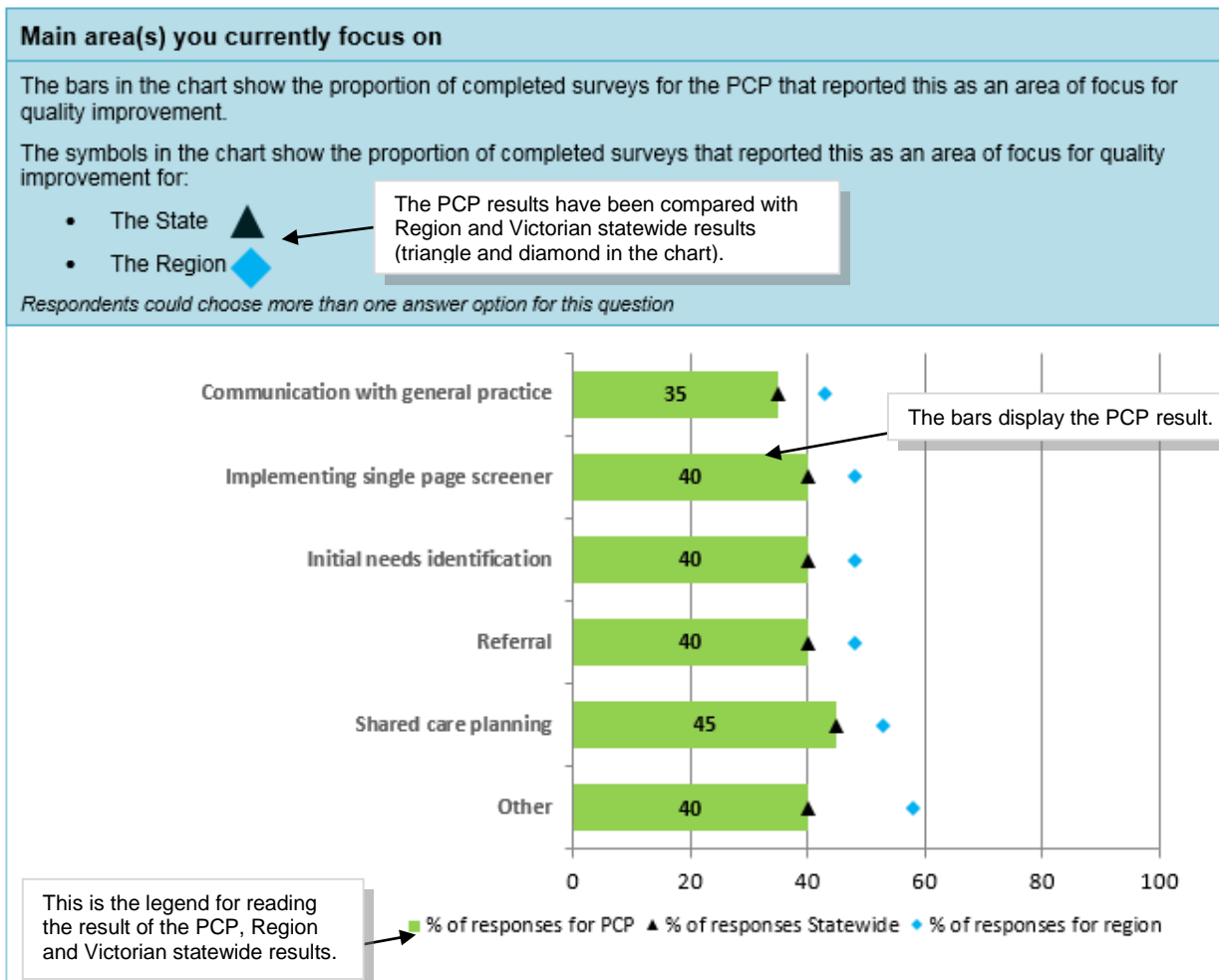
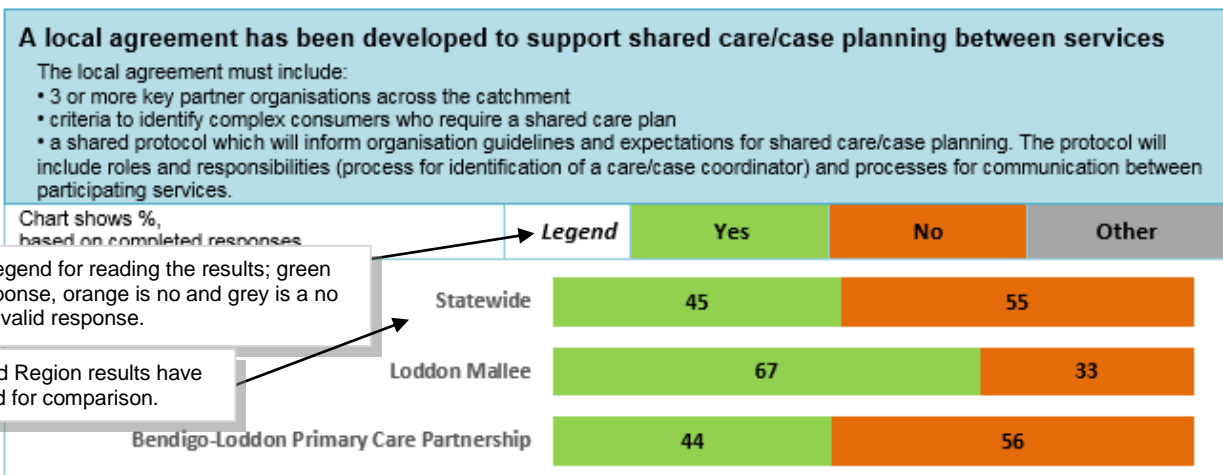
Respondents who did not answer a question or who chose an invalid value as their response were recorded as 'other', presented as a grey box for the organisation reports.

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.



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. Organisations

Organisation survey submitted	Programs provided
Buloke Shire Council (Children, youth & families)	Children youth and families
Buloke Shire Council (Disability / HACC assessment)	Disability, Aged and home care - HACC assessment
East Wimmera Health Service - Wycheproof	Community health services - integrated CHS
Gannawarra Shire Council (Disability / Aged & home care)	Disability, Aged and home care - Other
Kerang District Health (Acute health - amb. / Nursing / Clinical Serv.)	Nursing, Acute health - ambulatory, Nursing/Clinical Services
Kerang District Health (Nursing / District Nursing)	Nursing, District Nursing
Mallee District Aboriginal Services	Aboriginal community controlled organisation, Other, Health
Nothern District Comm. Health Service	Allied health
Swan Hill District Health (Acute health - amb. / Nursing / Clinical Serv.)	Community health services - integrated CHS, Nursing, Acute health - ambulatory, Clinical Services
Swan Hill District Health (Allied health - Dietitics)	Community health services - integrated CHS, Sub acute - ambulatory (including HIP TCP), Allied health, Dietitics and Community Health
Swan Hill District Health (Allied health - Physio)	Community health services - integrated CHS, Sub acute - ambulatory (including HIP TCP), Allied health, Phsiotherapy
Swan Hill District Health (Allied health - Podiatry)	Community health services - integrated CHS, Sub acute - ambulatory (including HIP TCP), Allied health, Podiatry
Swan Hill District Health (Allied health - Speech Therapy)	Community health services - integrated CHS, Sub acute - ambulatory (including HIP TCP), Allied health, Speech Therapy
Swan Hill District Health (Comm. Rehab Ctr)	Community health services - integrated CHS, Sub acute - ambulatory (including HIP TCP), Disability, Community Rehab Centre
Swan Hill District Health (Disability / HACC other / Adult Day Serv.)	Community health services - integrated CHS, Aged and home care - HACC Other, Disability, Adult Day Services
Swan Hill District Health (Disability / Occ. Therapy)	Community health services - integrated CHS, Aged and home care - HACC Other, Disability, Occupational Therapy
Swan Hill District Health (Mental health)	Community health services - integrated CHS, Mental health
Swan Hill Rural City Council	Aged and home care - HACC assessment, Disability

4. System measures

E-Health

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

Secure messaging/communication system used

Type:	% PCP respondents that use	% Region respondents that use	% Victorian respondents that use
Connecting Care	83	86	44
S2S			34
Argus	44	22	7
RIMS (via connecting care)	6	2	4
BETTI		2	4
ReferralNet			3
Other	11	15	27

Client information management software application used

Also referred to as patient information management system

Type:	% PCP respondents that use	% Region respondents that use	% Victorian respondents that use
IPM	50	34	19
UNITI		15	14
TCM	6	5	13
TrakCare		2	11
IRIS	11	12	10
Carelink +	11	8	9
Xpedite	11	10	8
Medical Director		2	7
HMS	6	7	7
PJB	17	19	6
ACE		5	6
SWITCH	11	3	5
Best Practice		5	4
Penelope	11	10	4
CRISP	6	7	4

Version of SCTT in your client information management system

Type:	% PCP respondents that use	% Region respondents that use	% Victorian respondents that use
SCTT2006			3
SCTT2009	17	25	39
SCTT2012	44	46	40
Don't use SCTT	39	29	19

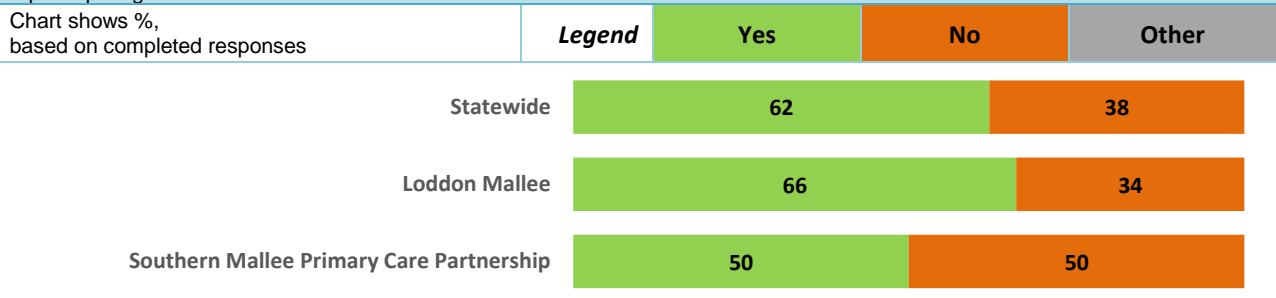
Shared care planning

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:

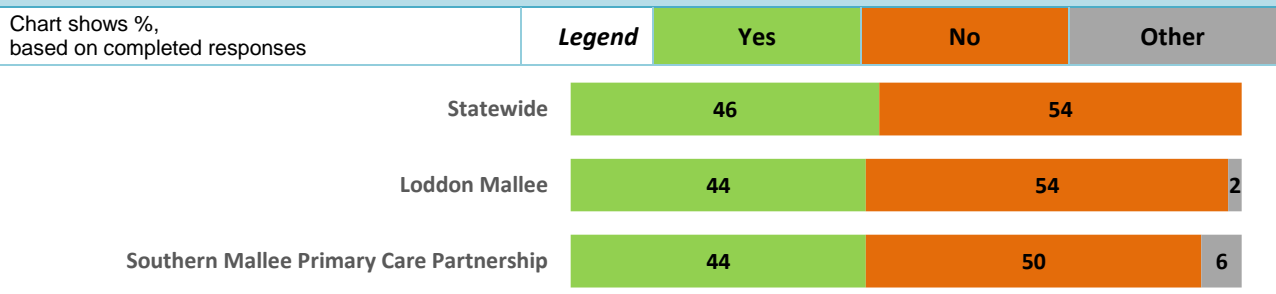
- 3 or more key partner organisations across the catchment
- criteria to identify complex consumers who require a shared care plan
- a shared protocol which will inform organisation guidelines and expectations for shared care/case planning. The protocol will include roles and responsibilities (process 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)



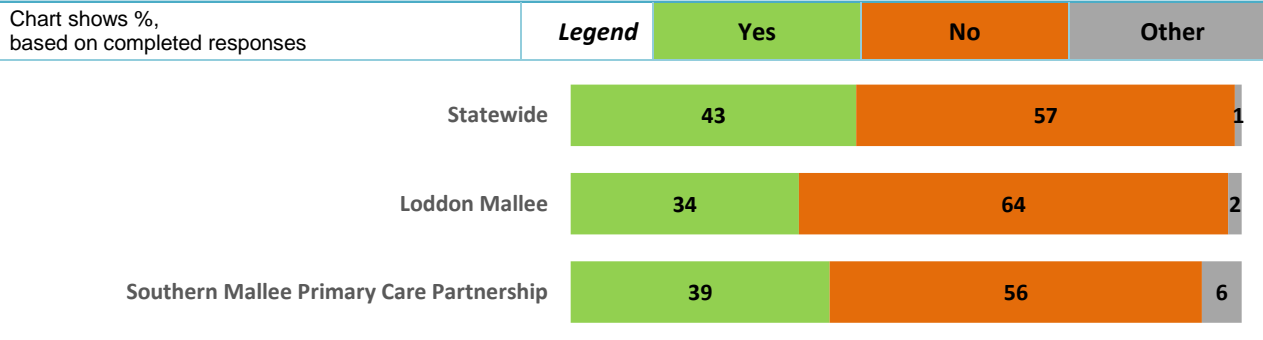
GP Communication

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

Documented and agreed communication processes with general practice have been developed

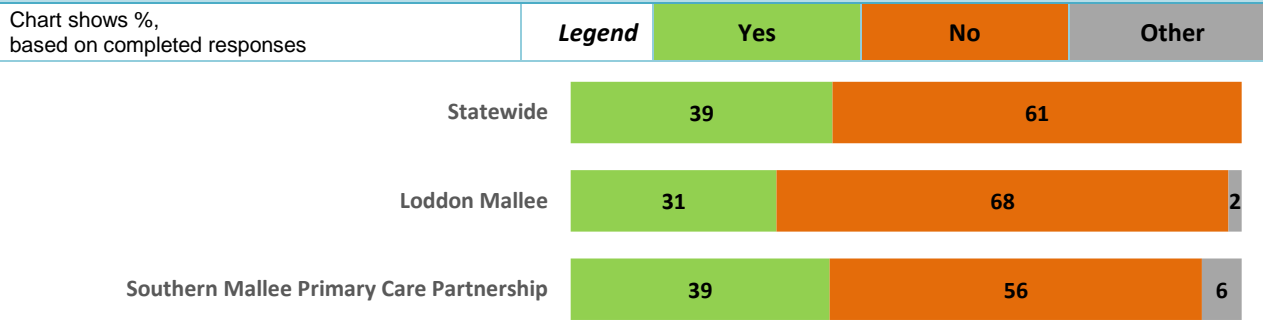
The agreed communication processes:

- 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

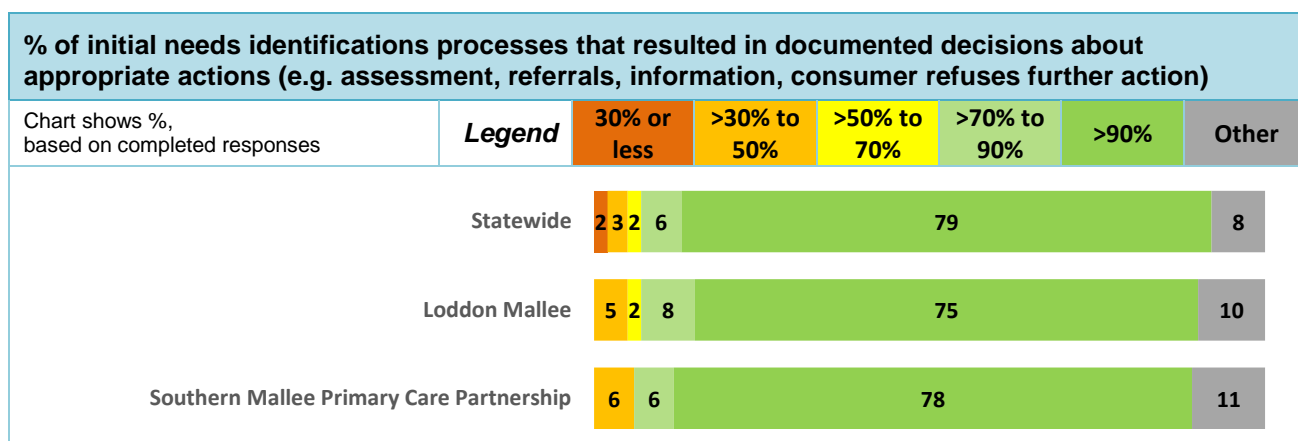
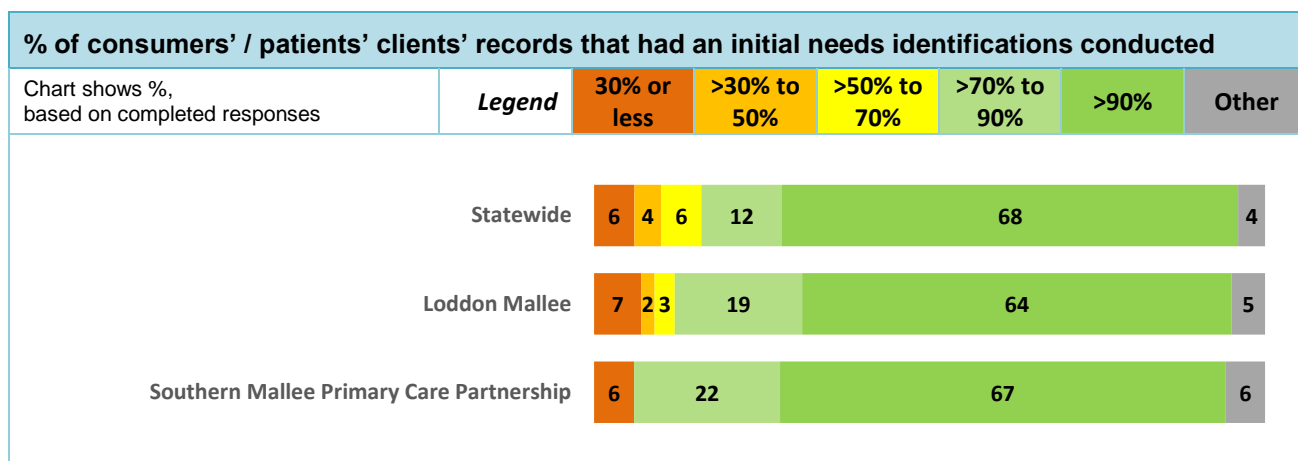
These are integrated into the organisation's practice guidelines and procedures, job descriptions and work plans.



5. Practice measures

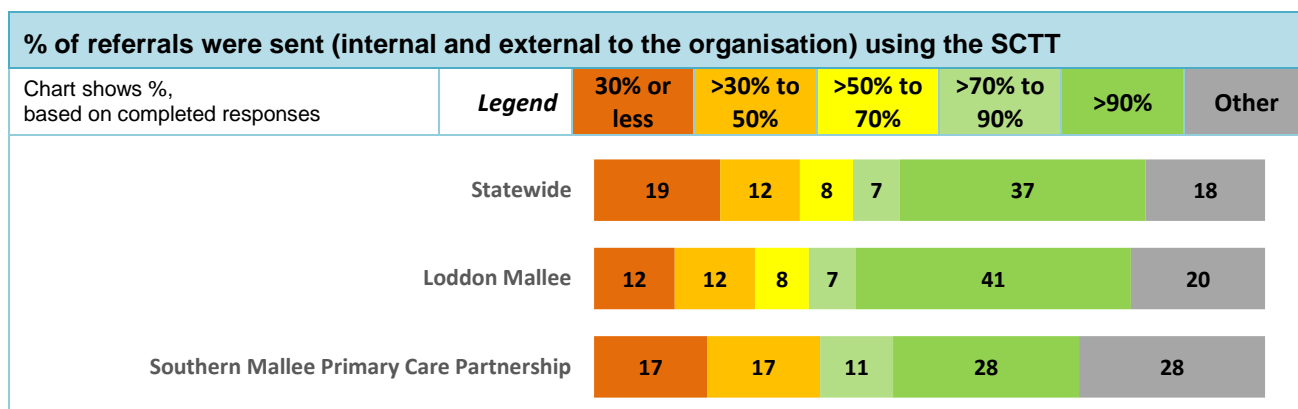
Initial needs identification

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

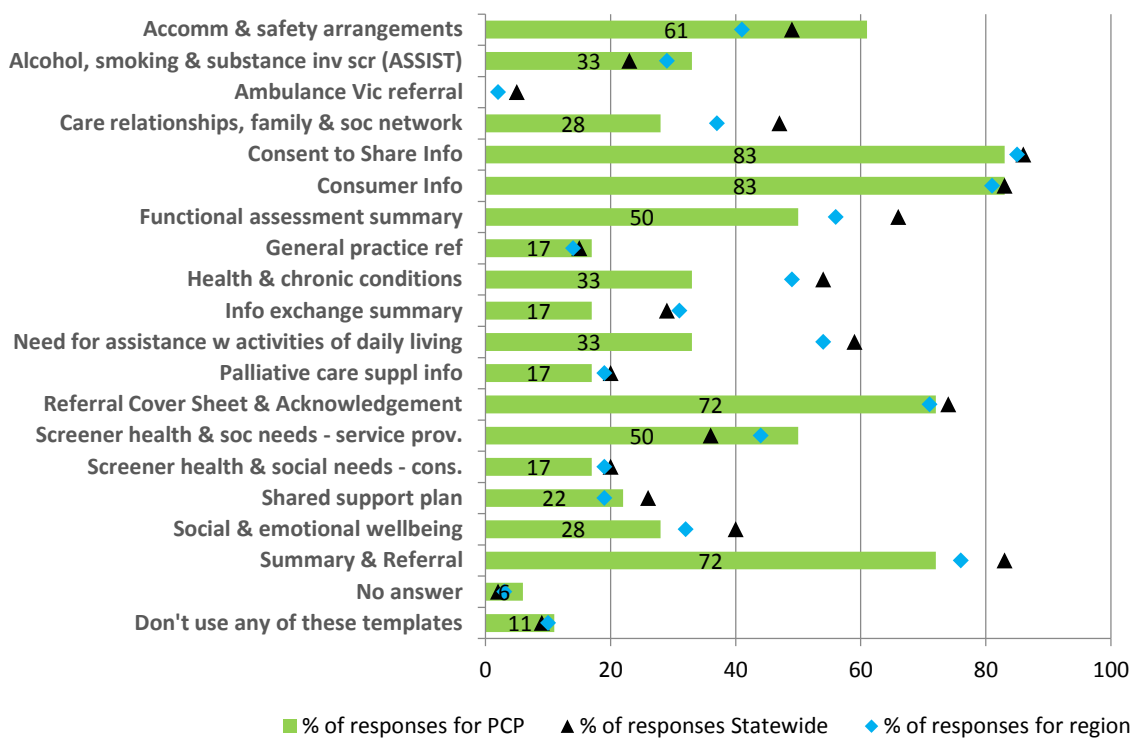
This chart shows which templates respondents use.

The bars in the chart show the percentage of respondents that use each type of SCTT template for the PCP.

The symbols in the chart show the percentage of respondents that use each type of SCTT template for:

- The State ▲
- The Region ◆

Respondents could choose more than one answer option for this question



SCTT templates valued by organisation

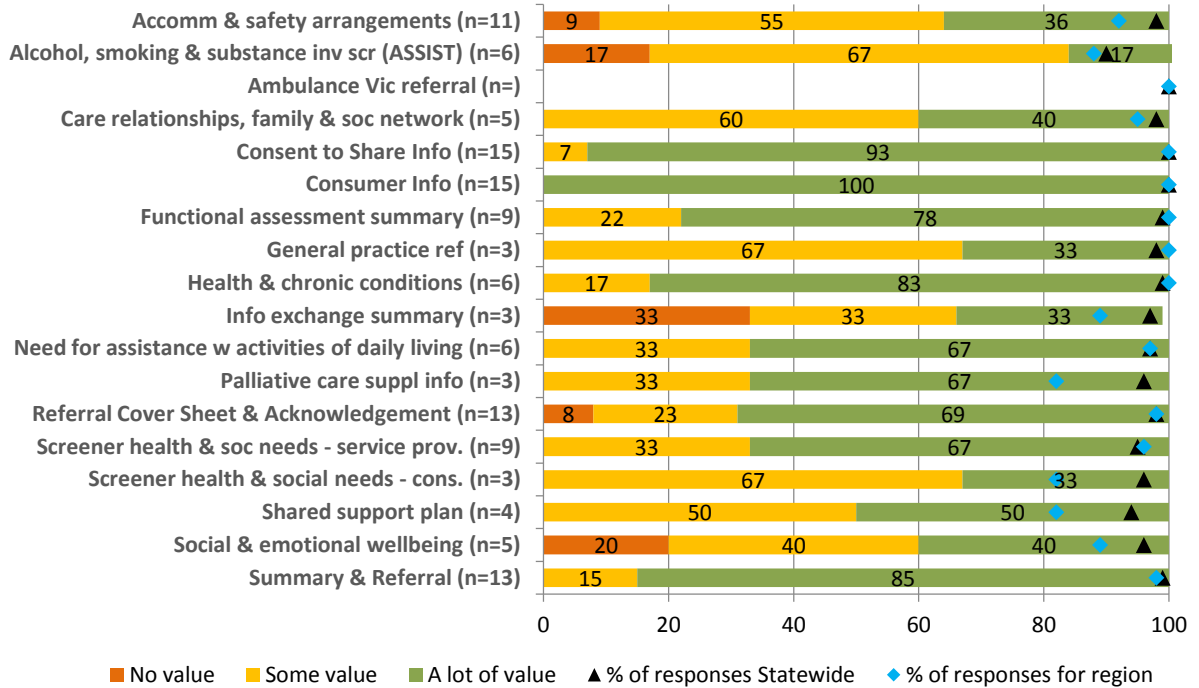
This chart shows how much respondents value the templates they use.

The bars in the chart show how much the PCP's respondents value the templates.

The symbols in the chart show the percentage of responses that valued each template across:

- The State ▲
- The region ◆

For State and region 'a lot of value' and 'some value' were combined to show % valued.



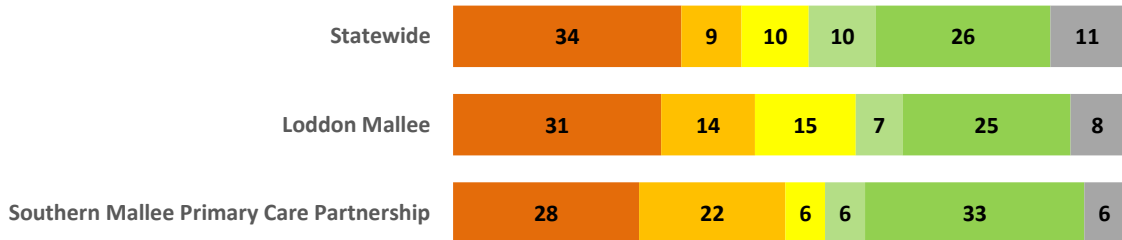
Shared care planning

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

Chart shows %, based on completed responses

Legend 30% or less >30% to 50% >50% to 70% >70% to 90% >90% Other

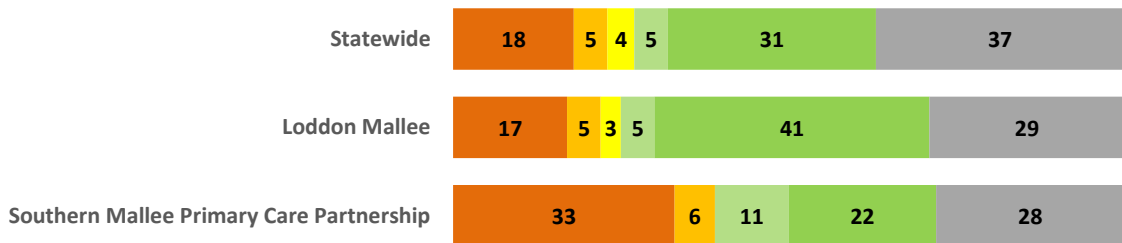


% of shared care/case plans have been communicated with the GP, if the consumer has a GP

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

Chart shows %, based on completed responses

Legend 30% or less >30% to 50% >50% to 70% >70% to 90% >90% Other



Quality improvement

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

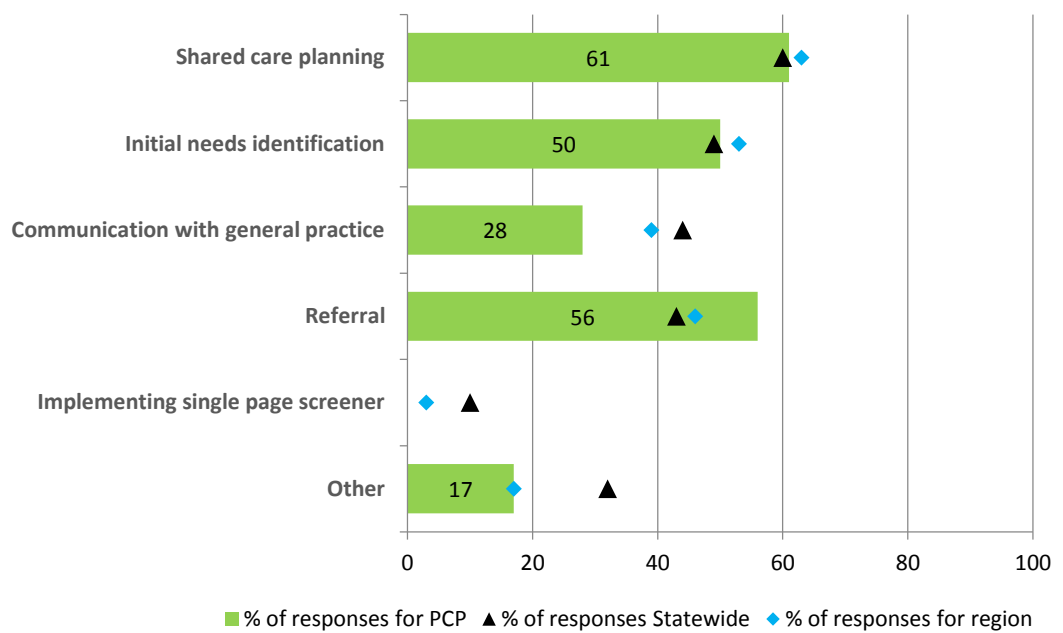
Main area(s) you currently focus on

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

The symbols in the chart show the proportion of completed surveys that reported this as an area of focus for quality improvement for:

- The State ▲
- The Region ◆

Respondents could choose more than one answer option for this question



PCP has helped / supported organisation to improve service coordination practice

Chart shows %, based on completed responses

