

## Section 5

# Policies, procedures and workforce support

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## Section 5: Policies, procedures and workforce support

### 5.1 Sample How to Refer to/within X Health Primary Care Services <sup>23</sup>

#### How to Refer to/within X Health Primary Care Services

X Primary Care and Subacute Ambulatory Services require referrals to be faxed or posted using the Department of Human Services' state-wide Service Coordination Tool Templates, referred to as the "SCTT". General Practitioners use the similar "Statewide Referral Tool". Services within X Health may refer to other X Health services using these tools via the secure eReferral System or encrypted email.

The tool templates required for a referral are:

- "Referral Cover Sheet" (or secure eReferral system)
- Consumer Information
- Summary and Referral

Referrals for aged care services should also include:

- Functional Profile
- Living and Caring Arrangements Profile

The "Consumer Consent to Share Information" form should also be completed and retained by the referring service. Referrals for Outpatients, Regional Ambulatory Services and Subacute Ambulatory Care Services should also include

- Current medications
- Medical conditions
- Clinic/Service required

#### DOWNLOADING THE TOOLS

The tools can be downloaded from the X Health Intranet/Primary Care/Forms and Templates or

The DHS Primary Care Partnership website as follows:

<http://www.health.vic.gov.au/pcps/coordination/index.htm>

Scroll down and select

- Service Coordination tool templates and guidelines to download PDF versions that can be completed by hand.

Or

- "E-tools" to download a Word version that can be completed electronically.
- The secure eReferral System

#### REQUESTING THE TOOLS BY EMAIL, FAX OR POST

The tools can also be emailed, faxed or posted. Contact the relevant service.

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<sup>23</sup> Adapted from Document developed by Southern Health Primary Care Services

## GENERAL PRACTITIONERS

GPs can access the Statewide Referral Tool in *Medical Director* and other GP software programs. Contact Dandenong GP Division for a CD containing instructions for use in *Medical Director*.

## X HEALTH ACUTE SERVICES

If there is Reflections license on the computer

1. Click on Start button in Left corner
2. Select -Windows Explorer
3. Select -My Computer
4. Select -Reference Drive
5. Select -cs
6. Select -Reflection



7. Select Print SCOTT Referral.r2w
8. Right click on icon
9. Select -send to
10. Select -desk top
11. When you want to make a referral using SCTT click on icon and enter UR or client name
12. It will populate from HOMER
13. Check the details, add the information about who you are referring to and why you are referring.

You can save it as a Word document and send to another X Health service via:

- the secure eReferral System (may also allow an electronic fax)
- encrypted email
- printing it and faxing it.

## WHAT INFORMATION IS REQUIRED?

Referrers should complete as much information as they can gather in order to enable the referral to be processed quickly. The MINIMUM information required for a referral to proceed is:

### Consumer Information

- Full name, address, telephone number
- Date of birth
- Risks and urgency (add to "notes" box on page 2 of Consumer Information).
- Interpreter required
- Government Pensioner/Benefit Status
- DVA Card Status
- Health Care Card Number

### Summary and Referral

- Why the consumer is seeking services

It is critical that this information be provided. Community health services target socio-economically disadvantaged groups. Without this information we are unable to determine eligibility.

**SENDING THE REFERRAL**

**Y Community Health Service: Service Access**

Encrypted email or eReferral System details:

Phone:

Fax: Internal/Mail:

**Z Community Health Service: Service Access**

Encrypted email or eReferral System details:

Phone:

Fax:

Internal/Mail:

**Z Community Care Service Access**

Encrypted email or eReferral System details:

Phone:

Fax:

**Community Aged Services Service Access**

Encrypted email or eReferral System details:

Phone:

Fax:

**X Health Outpatient Services**

Encrypted email or eReferral System details:

Phone: 9594 2372/9594 2373

Fax: 9594 6925

**Subacute Ambulatory Services Service Access**

Encrypted email or eReferral System details:

Phone:

Fax:

**Hospital In the Home and Post Acute Care Service Access**

Encrypted email or eReferral System details:

Phone:

Fax:

**For all referrals for psychiatric services**

**Psychiatric Triage Service**

Phone: 1300 369 01

## 5.2 Sample Service Access System Policy and Procedure <sup>24</sup>

### Purpose:

The XCHS will provide an integrated, seamless and streamlined Service Access Service for people who live, work or attend school in the City of X. The service will be available from Monday to Friday between 8am and 6pm. A Service Access Worker(s) will be available during these hours to:

- Identify for all callers (and for people who present at reception) their initial needs, appropriate referral pathways (internal and external), and any follow up assessments required.
- Receive referrals from service providers and GPs.
- Determine urgency of need and priority of access, and either:
  - make an appointment for the client to receive an assessment and service, and/or
  - place the client on the appropriate waiting list(s), and/or
  - suggest alternative service options eg. private providers.
- Provide up-to-date health and welfare information.
- Assist clients in crisis to access appropriate crisis services and assessments.
- Provide clients with assisted referrals to other primary care agencies or services.
- Provide information, advice and support to XCHS staff.

### Objectives:

The objective of the XCHS Service Access System is to provide an access service for: counselling, Drug and Alcohol, JPET, Financial counselling, Physiotherapy, Podiatry, Speech Pathology, Dietetics, Occupational Therapy, Community Nursing and external services which:

- Is streamlined and seamless for clients, service providers and GPs.
- Has clear entry points and referral pathways.
- Is simple to navigate, transparent and consistently applied.
- Is sensitive to cultural and linguistic diversity.
- Facilitates identifying clients needs and prioritising access at the earliest point of contact.
- Enables the holistic and systematic identification of needs.
- Supports assisted referral to external agencies.
- Minimises the duplication of information collected.
- Is supported by appropriate telecommunications and IM/IT infrastructure.
- Is flexible and continuously improved.

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<sup>24</sup> Adapted from document developed by Juliet Frizzell, Effective Change Pty Ltd, for Banyule CHS

## Service Access Procedure

The procedures underpinning the Service Access System are set out below.

### Initial Contact

Reception Staff	1.1	<p>Reception Staff will screen all callers and people who present at reception to determine whether to refer the person to:</p> <ul style="list-style-type: none"> <li>▪ the Service Access Worker,</li> <li>▪ allied health staff,</li> <li>▪ the medical and dental receptionist,</li> <li>▪ other staff members.</li> </ul> <p>Criteria for Referral to the Service Access System are set out in the attached Initial Contact Screening Checklist.</p>
	1.2	Reception Staff will refer all appropriate enquiries to the Service Access Worker <sup>25</sup> , by transferring the call to the Service Access Worker.
	1.3	Reception Staff will inform all callers (and people who present) that they will be speaking to the Service Access Worker. Reception Staff will take messages for the Service Access Worker if they are not available.
	1.4	If a client appears distressed or in crisis <sup>26</sup> the Service Access Worker will be contacted immediately and the client transferred to the Service Access Worker's phone or escorted to the Service Access Room. If the Service Access Worker is unavailable, reception staff will request the assistance of management, and if not available the Counselling Team.
	1.5	Where a client or service provider makes contact outside the hours of the Service Access Service, Reception Staff will inform them of the Service Access Service hours. If necessary Reception Staff will take the person's name and phone number for the Service Access Worker to make contact.
Service Access Worker	1.6	Clients and Service Providers can contact the Service Access Worker directly by selecting the Service Access Worker extension number.
	1.7	The Service Access Worker will identify whether or not clients require the use of interpreters. The Service Access worker will organise an interpreter (where required) for the Service Access process and document the need for an interpreter on the SCTT.
Allied Health Staff	1.8	Staff making internal referrals will refer clients to the Service Access Worker using the SCTT. The Service Access Worker will assess 'urgency and priority of access', and make an appointment or place the client on the waiting list.

<sup>25</sup> Telephone enquiries will be transferred to the site where the Worker is based or working from. Clients will not be aware they are being transferred to another site.

<sup>26</sup> Crisis can be determined by using the following circumstances as a guideline: urgent protective issues (i.e. child abuse); family (domestic) violence; potential suicide (caller talks about suicide); extreme distress.

## Initial Needs Identification

- Service Access Worker**
- 2.1 The Service Access Worker will screen clients to determine:
    - eligibility for Service Access,
    - whether the person requires information or to have their initial needs assessed.
  - 2.2 The Service Access Worker will provide information on:
    - services available (internal and external),
    - health issues and health promotion,
    - navigating the health care system,
    - referral pathways and options.
  - 2.3 The Service Access Worker will complete a holistic review of a client's initial needs (over the phone or in person) and complete the SCTT, including relevant profiles, and any other documentation to facilitate INI (as distinct from assessment), as agreed with service units. This information will be the basis for referral to internal services and to external agencies.
  - 2.4 The Service Access worker will receive and process written and electronic referrals and completed by other primary care agencies.
  - 2.5 The Service Access Worker will prioritise the urgency of all clients using the XCHS *Risk Assessment Tools*.
 

The Service Access Worker will complete a Risk Assessment Tool:

    - After completing SCTT, or
    - Upon receipt of a satisfactory SCTT from an external provider, GP, or internal provider.
  - 2.6 The Service Access worker will:
    - Make an appointment for the client with the appropriate internal service(s), or
    - Place the client on a waiting list for a service(s) and advise of anticipated waiting period, and/or
    - Make a referral for the client (with consent) to receive a service(s) provided by another agency(s), and/or
    - Advise the client of their service options eg. Private Providers, TAC options, DVA options, WorkCover etc

See 'Service Access Support to Each Discipline' in Section 4, for a description of the tasks the Service Access Worker will complete for each service unit.
  - 2.7 The Service Access Worker will input client information directly into the computer using the Service Access System software.
  - 2.8 The Service Access Worker will send a letter to all clients placed on the waiting list, explaining they have been placed on the waiting list, the waiting list process and approximate waiting time.
  - 2.9 The Service Access Worker will send a formal letter providing feedback to referring agencies and/or GPs on the outcome of each referral.
  - 2.10 The Service Access Worker will regularly attend service unit meetings to discuss the Service Access process, outcomes and areas for improvement.

- 2.11 The Service Access Worker will answer queries about waiting list progress (for some services) and undertake a reassessment of initial needs when client needs change.
- 2.12 The Service Access Worker will prepare regular reports using the Service Access statistics (drawn from the database) including: details of contacts (numbers and outcomes), presenting issues, waiting lists, unmet needs, trends, areas for improvement etc.
- 2.13 The Service Access Worker will maintain up-to-date information, resources, and referral relationships. The Service Access Worker will keep XCHS staff informed on the service system and resource materials.
- 2.14 The Service Access Worker will work with Service Access Workers in other primary care agencies to ensure streamlined access to services by community members.
- Reception Staff** 2.15 When required, Reception staff will complete the Consumer Information SCTT form eg. add pension number<sup>27</sup> as part of the client registration process.
- 2.16 Reception Staff print out Consumer Consent to Share Information form for the client to sign/to record the client's verbal consent.
- 2.17 Reception staff contact clients on the waiting list to make an appointment.<sup>28</sup> If the client cannot be reached after two attempts, a letter requesting the client to contact XCHS is sent out. Where a client fails to respond, they are removed from the waiting list.
- 2.18 Allied health services will allocate appointment times for urgent clients and clients on waiting lists.

### Service Specific Assessment

- Service Access Worker** 3.1 The Service Access Worker will provide the intake information to the service units:
- to the standard agreed with the service unit,
  - using the framework agreed by the service unit, and
  - in a format that is understandable to the service unit.
- Information will be transferred electronically using the internal (secure) e-mail system.
- Allied Health Staff** 3.2 Staff will conduct a service specific assessment, which builds on the information collected during the Service Access process.
- 3.3 Staff will work collaboratively with the Service Access Worker to continuously improve the Service Access System and tools.
- 3.4 The Service Access Worker will follow up clients who do not attend their initial appointment.

<sup>27</sup> The Consumer Information form will replace the Organisation Client Registration Form.

<sup>28</sup> See Service Access Support to Each Discipline Table for a list of relevant disciplines.

## 5.3 Sample Initial Contact Screening Checklist <sup>29</sup>

### Keep visible at Reception Desk for ready reference

## Initial Contact Screening Checklist

Reception staff play an important Initial Contact role in the Service Access System. This checklist is provided to assist Reception staff determine which clients to refer to the Service Access staff. For incoming calls and visitors, Reception staff need to determine:

- which calls/visitors are transferred to the Service Access staff;
- which calls/visitors are transferred to XCHS service units and allied health staff; and
- which calls/visitors are referred on to another agency.

### RESPONDING TO CLIENT ENQUIRIES

Reception Staff to ask the following questions:

- 'Which suburb do you live in?' Or 'Do you live in the City of X?' If not, refer to local Community Health Service, where appropriate (See electronic services directory, list in folder etc)
- 'Do you know which service are you inquiring about?'
- If **no**: Note details of request on IC & INI Call Sheet and advise client that Service Access staff will call to follow-up  
**OR** Transfer to the Service Access worker (*select as appropriate*)
- If **yes**:  
Ask 'Have you used this service before at XCHS?'
- If **yes**:  
Check if registered on SWITCH. If last contact was within time period as per Inquiries Response table overleaf, arrange re-appointment.  
If **no**:  
note details of request on IC & INI Call Sheet and advise client that Service Access staff will call to follow-up  
**OR** Transfer to the Service Access worker (*select as appropriate*)

**Use the Inquiries Response table overleaf to determine appropriate action for re-presenting clients.**

### RESPONDING TO ENQUIRIES FROM OTHER SERVICES PROVIDERS & GPs

Transfer all telephone or written referrals by Service Providers or GPs to the Service Access Worker. Note details of request on IC & INI Call Sheet and advise client that Service Access staff will call to follow-up.

**OR**

<sup>29</sup> Adapted from document developed by Banyule CHS

Transfer to the Service Access worker (*select as appropriate*)

## Inquiries Response Table

Inquiries for:	Ask:	Response:	
		Yes	No
<b>Podiatry</b>	Are you a current client? Have seen a podiatrist in the last <b>6 months</b> ?	Arrange re- app't	Note details of request on IC & INI Call Sheet and advise client that Service Access staff will call to follow-up  <b>OR</b> Transfer to the Service Access worker ( <i>select as appropriate</i> )
<b>Physiotherapy</b>	Are you a current client? Have seen a physiotherapist in the <b>last 6 weeks</b> ? Is it the same problem?		
<b>Nursing</b>	Are you a current client? Have you seen a Community Nurse/Adolescent Health Nurse /Mid-wife in the last <b>6 months</b> ?  Note: Midwifery (6 months post-natal)		
<b>Counselling</b>	Are you a current client? Have you seen a counsellor in the last <b>6 weeks</b> ?		
<b>Diabetes Educator</b>	Are you a current client? Have seen a DE in the last <b>6 months</b> ?		
<b>Dietician</b>	Are you a current client? Do you need to speak to Dietician urgently about a previous problem? Have you seen a Dietician in the last <b>3 months</b> ?		
<b>Occupational Therapy</b>	Are you a current client? Do you need to speak to Occupational therapist urgently about a previous problem? Have you seen an occupational therapist in the last <b>6 months</b> ?		
<b>Speech Pathology</b>	Are you a current client? Have you previously seen a Speech Pathologist at XCHS?		
<b>Carer Support</b>	Are you a current client? Have you had contact with the CS Worker in the last <b>6 months</b> ?		

## 5.4 Sample Service Access – General Staff Procedures <sup>30</sup>

*Version Number:*

*Issue Date:*

*Reviewed By:*

*Review Date:*

### Statement of Outcome:

X Health is implementing an Integrated (Single Access) Service Access model at its community health services. All first appointments for health staff are booked by the Service Access Service at the relevant community health service. All health staff (other than Outreach and Dental Program) who see clients 1-to-1 are required to follow these procedures.

### Rationale:

- To provide organisation-wide consistency for client access to services and programs.
- To provide a consistent and transparent approach to service prioritisation and wait-list management.
- To facilitate more time for service provision rather than the administration of appointment management.

### Definitions:

**Screening Appointment** (Refer also to Screening Appointment Protocol)

A “Screening Appointment” is made by the Service Access Service for clients who have not previously accessed the service, who have not accessed the service for 12 or more months or who are commencing a new course of care. At the screening appointment, the client’s underlying needs, in addition to those presented at Service Access, are identified, where appropriate. A care plan may be devised at this time and treatment or further appointments offered.

### Review Appointments

A review appointment in the SWITCH diary can either be a follow-on appointment or a formal recall (eg: 3 months, 6 months etc).

## PROCEDURE

1. **All practitioners** who have their first/screening appointments for new referrals made by the Service Access Service shall confirm with their Program Manager the days, appointment start and end time, duration, type and number of appointments each week (e.g. screening, review, Priority 1 etc) and site.

For example, each practitioner will have a nominated number of screening appointments each week, with some specifically allocated for Priority 1. Each staff member will also have a nominated number of review (if relevant) and follow-on appointments each week.

### Practitioners shall then:

- a. complete a SWITCH/HMS Appointment Roster Set-up Request Form noting the above.
- b. make an appointment time with the Information Systems Coordinator to have this information set up on SWITCH or HMS and be trained on how to use the system.

2. **Service Access Service shall:**

- a. Screen clients for risk and eligibility and allocate priority.
- b. Complete the SCTT, register the client and book all first/screening appointments or place on the wait list.
- c. Book interpreters or other communication aids (TTY), if required.
- d. Disseminate referral paperwork and SCTT to Medical Records for a record to be made up.
- e. Book internal cross referrals (refer to Internal Cross Referral Protocol).
- f. Record each allocation on the Demand Management Sheet.
- g. Mail the client kit with appointment confirmation letter or send a wait-list letter.
- h. Provide feedback to referrers on the status of referrals.
- i. Cancel or reschedule screening appointments (and interpreters) and notify staff by telephone when clients cancel appointments on the same day as scheduled.

<sup>30</sup> Adapted from document developed by Southern Health Primary Care

**3. Practitioners shall:**

- a. Send by eReferral to the Service Access service (or Fax if required, or put in the pigeon hole if at the same site as the Service Access System) any referrals received directly for the referral to be processed as above.
- b. Check their own electronic diary for appointments and book their own interview/consulting rooms at relevant sites.
- c. Ensure that ADOs, annual leave, etc, are added to SWITCH/HMS as soon as authorized.
- d. Forward internal cross-referrals to the Service Access System for booking. (Refer to Protocol "Internal Cross Referrals".
- e. Give clients an Appointment/Fees slip indicating the next appointment and fees. Request the client to go to reception for this to be booked.
- f. Reschedule their own appointments on SWITCH/HMS, if they need to themselves (e.g. if they are taking a day off or have to attend a meeting at short notice). If working off-site, the staff member should contact Service Access or Reception to access the SWITCH/HMS diary electronically.
- g. Discuss with clients the Privacy Brochure, Service Brochure, Fees Brochure and Rights and Responsibilities Brochure at the first appointment.

**4. Reception Staff shall:**

- a. Fax external referrals to the Service Access Service or put in the Service Access Service pigeon hole if received at the site at which the Service Access Service is based.
- b. Book all centre-based and domiciliary follow-on/review appointments. After centre-based appointments, the client is given an Appointment/Fees slip to take to reception, indicating the approximate time and day/date the client is next to be seen. Practitioners shall telephone reception from home visits to book follow-on appointments in SWITCH/HMS. The receptionist will allocate a mutually convenient appointment time in SWITCH/HMS.
- c. Print out each day's appointments for the site off the SWITCH/HMS System and keep at Reception.
- d. Cancel or reschedule screening and follow-on appointments (and interpreters) at the site where the appointment is scheduled and notify staff by telephone when clients cancel appointments on the same day as scheduled.
- e. Cancel screening and review appointments when staff are sick. If a return to work date is confirmed, reception will re-book. If the return to work date is not confirmed, intake will re-book screening appointments and reception will rebook review appointments.
- f. Book review appointments. Clients are given a Review Appointment slip at their last appointment. The Review Appointment Sheet requests the client to contact Reception 6 weeks prior to the Review Appointment Date so as to reduce the number of "Did Not Attend".

**Health Records/Business Support Staff:**

1. Will make up a record for all new clients, insert the SCTT and any referral information.
2. File SCTT and referral information into the Health Record for existing clients.

<b>Cancelling and Rescheduling Appointments</b>			
	<b>Service Access</b>	<b>Reception</b>	<b>Clinician</b>
<b>Client cancels/ reschedules</b>	Screening	Screening Review	OT & Counselling Review
<b>Clinician is sick</b>		Screening Review	
<b>Clinician reschedules</b>			Screening Review

**References:**

Victorian and PCP Service Coordination Practice Manual  
 XDCHS First Interview Protocol  
 Internal Cross Referrals Protocol  
 YCHS Service Access Service

## 5.5 Sample Answering a Call Procedure <sup>31</sup>

<b>Greeting</b>	<ul style="list-style-type: none"> <li>• Good morning/afternoon X Community Health Service Access.</li> <li>• How may I help you?</li> <li>• What service/s do you require?</li> <li>• Have you used our services before?</li> <li>• Is it for yourself or someone else?</li> </ul>
<b>Geographic Prioritisation</b> <i>If do not live in catchment</i>	<ul style="list-style-type: none"> <li>• What suburb do you live in?</li> <li>• Do you work or study in the catchment?</li> <li>• Are you aware that there is a CHS in your area?</li> <li>• Would you like me to link you in by phone?</li> </ul>
<b>Privacy</b>	<ul style="list-style-type: none"> <li>• The information we collect from you can only be seen by the professionals in this service who are involved in your care.</li> </ul>
<b>Economic Eligibility</b> <i>Check Eligibility Table to ascertain "high risk groups" that are exempt from income test listed in the "Not Applicable" column</i>  <i>Locate their household type on the Eligibility Table</i>  <i>*Factors over which the client has no control</i>  <i>If client does not meet income and geography criteria and <u>is NOT accepting of this</u></i>	<p><i>While our service is universal, we need to prioritise and service those clients on pensions, or hold Health Care cards or low incomes – as they do not have any other choices.</i></p> <ul style="list-style-type: none"> <li>• Entry to this Service is dependent upon your income or any extra-ordinary expenses that may impact on this income</li> <li>• Are your services being paid for by another body (Work Cover, TAC, DVA gold etc) If so you are able to go to a private practitioner and will be seen quickly. (Therefore client excluded.) Would you like some private practitioner contact details?</li> <li>• Do you have a dependant child or family member living with you on a pension or Health Care Card?</li> <li>• Are you OR the person you are seeking services for on a Pension/Health Care card/or low income?</li> <li>• Are you single, couple or family with dependent children or family members?</li> <li>• Is your (household) income above the low income level?</li> </ul> <p>Explain the INCOME DECLARATION FORM form.</p> <ul style="list-style-type: none"> <li>• Do you have any extra-ordinary expenses that may impact on this income (not mortgage)e.g. Disability, gambling related debt, ongoing medication costs, in an abusive relationship etc</li> <li>• We prioritise services for those on low incomes who live in our catchment who do not have other choices. You may go on our waitlist as a priority 4 on a full recovery basis (usually \$X). You may wait up to 2 years for services.</li> </ul> <p><i>We recommend you attend a private practitioner. Would you like some phone numbers to help access services for yourself/child or family member closer to your area, or would you like me to forward a referral onto them?</i></p>
<b>Fees</b>	<ul style="list-style-type: none"> <li>• Are you aware of our costs/charges?</li> <li>• The cost for the service will be \$X.</li> </ul>
<b>Other Service Options</b> <i>If Yes</i>  <i>If client is on low income and does not have HCC or pension/benefit</i>	<ul style="list-style-type: none"> <li>• Do you or the person you are seeking services for have a chronic condition (an ongoing condition lasting 6 mths or more such as asthma, diabetes, cardiovascular disease)?</li> <li>• Your GP may be able to prepare an Enhanced Primary Care Plan which may entitle you to partially rebated allied health services.</li> <li>• We suggest that you attend a private practitioner. Would you like some phone numbers of the services for yourself/child or family member, or would you like me to forward a referral onto them?</li> <li>• You may be entitled to benefits. I suggest that you contact Centrelink to check. The number is...</li> </ul>
<b>Intake procedure</b> Questions for Service Access worker to ask client and record on SCTT	<ul style="list-style-type: none"> <li>• Surname, First name</li> <li>• Date of Birth</li> <li>• Address</li> <li>• Phone Number</li> <li>• Mobile.</li> </ul>

<sup>31</sup> Adapted from document developed by Southern Health Primary Care

	<ul style="list-style-type: none"> <li>• Next of Kin, emergency contact</li> <li>• Doctors details</li> <li>• Who was the referrer</li> <li>• Torres straight or Aboriginal descent</li> <li>• What type of health card i.e. pension, invalid etc</li> <li>• Presenting Problem</li> </ul>
<b>Making Appointment.</b>	<ul style="list-style-type: none"> <li>• Do you have specific cultural requirements e.g. access to a female practitioner?</li> <li>• Which site do you wish the appointment made at?</li> <li>• If there is an appointment available at another site, are you able to travel?</li> <li>• A \$Y fee MAY be charged if at least 24 hours notice is not provided for cancellations. You may be placed on the bottom of the waitlist.</li> <li>• Book client in for an appointment or put on a waiting list.</li> </ul>
<b>Other Processes</b>	<p>Complete:</p> <ul style="list-style-type: none"> <li>• "Request Interpreter"</li> <li>• Fill in demand management form</li> <li>• Fill in batch statistics form.</li> <li>• Complete Appointment letter/or Waitlist letter /or Referral Feedback sheet.</li> <li>• SWITCH Statistics</li> </ul>
<b>Start Process Again</b>	<ul style="list-style-type: none"> <li>• The next incoming call</li> <li>• The list of faxed messages from Reception</li> <li>• The referrals that have been eReferred/faxed directly to Service Access by GPs, Physios, hospitals etc.</li> <li>• The referrals sent to us by post from the above</li> <li>• Internal referrals</li> <li>• Set up file on computer /SCTT by asking client questions and</li> </ul>

## 5.6 Sample Assisted Referral to Other Services policy <sup>32</sup>

*Version Number:*

*Issue Date:*

*Reviewed By:* Service Access Service

*Review Date:*

### **Protocol:**

Service Access Workers will support consumers to access services appropriate to their needs, including services not offered by community health.

### **Rationale:**

- To ensure that at risk consumers and carers are linked in to appropriate services.
- To ensure that consumers and carers are easily able to access services within the Primary Care Partnership in a seamless, coordinated way.
- To assist consumers to navigate the whole service system, particularly in the X catchment area.
- To provide consumers and carers with information about services that are available to meet their needs.
- To avoid consumers having to re-tell their stories and provide core information again to another agency.

### *Note:*

Referral is the transmission of personal and/or health information relating to an individual from one service provider(s) to another service provider(s) with the individual's consent and for the purpose of care or treatment. A referral may be assisted by a service provider or the consumer may self-refer. An "assisted referral" is accompanied by at least the Consumer Information and Summary and Referral forms. In all other instances, the referral is a 'self-referral'.

### **PROCEDURES**

<b>Step 1</b>	Where the service being sought by a consumer is not offered by community health, establish the service most appropriate for the consumer. If necessary, telephone the service to assess waiting times, eligibility etc.
<b>Step 2</b>	Ask if the consumer would like an assisted referral to the service.
<b>Step 3</b>	If yes, obtain and document consumer consent on the Consumer Consent Form. <i>Go to Step 5.</i>
<b>Step 4</b>	If no, offer contact information for service options. <i>No further action.</i>
<b>Step 5</b>	Complete Consumer Information form, Summary and Referral form and the Referral Cover Sheet (possibly not required if using eReferral).
<b>Step 6</b>	Transmit the referral to the service provider using the secure eReferral system (utilising a fax gateway if necessary), or encrypted email if within X Health.
<b>Step 7</b>	Document on the Demand Management spreadsheet.
<b>Step 8</b>	File as a Casual Client.

### **References:**

Victorian and local Primary Care Partnership Service Coordination Protocol Manual.  
DHS Better Access to Services Strategy.

<sup>32</sup> Adapted from document developed by Southern Health Primary Care

## 5.7 Sample Priority Allocation and Waitlist Management policy and procedure <sup>33</sup>

Version Number:

Issue Date:

Reviewed By: Service Access System

Review Date:

Statement of Outcomes:

X Community Health Services operate on the principle of fair and equitable access to its services. The Priority Allocation and Wait-List Management protocol is based on the purpose of community health which is:

*To work alongside the community and other agencies, to assist **socially and economically disadvantaged people in the catchments of X and Y** to achieve and maintain optimal health and well-being by providing services that are integrated, accessible and culturally responsive, in a safe environment.*

The Priority Allocation and Wait-List Management Protocol reflects this purpose with particular regard to providing priority of access to people living, working or studying in the catchments of City of X or Y who are socially and/or economically disadvantaged. The Protocol also gives due regard to clinical risk and urgency.

Rationale:

- To have a clear, equitable, transparent and consistent approach to prioritisation and wait list management for all services and programs that is compliant with the relevant Funding and Service Agreements.
- To ensure that consumers assessed as being a high clinical risk, or from a high-risk population group, or who are socially and/or economically disadvantaged, are given priority.

### PROCEDURE

Once it has been determined that the client is eligible for the service (Refer Eligibility Protocol) the Intake Service Officer shall:

1. Record on the **Priority Assessment Tool** if the client is from one of the following high-risk population groups:
  - Cultural and linguistically diverse background (*Where the consumer's country of birth is not Australia and/or their language background is not English*). **Record in Country of Birth and Main Language Spoken at Home on Page 2 of the Consumer Information Form and Priority Assessment Tool.**
  - Aboriginal and Torres Strait Island backgrounds – **Record in the Indigenous Status box on Page 2 of the Consumer Information Form and Priority Assessment Tool.**
  - Housing insecurity. People living in pension-only Supported Residential Services/rooming houses/insecure housing. **Record in Notes box on Page 2 of the Consumer Information Form and Priority Assessment Tool.**
  - People with dementia or who are frail, elderly and living alone is **recorded on Priority Assessment Tool.**

This screening will be undertaken when a telephone referral inquiry is received from the client. Where written referrals are sent without this information, the prospective client shall be contacted by a Service Access Worker (Refer to Message Response Protocol).

2. Assess for **risk and urgency** (in accordance with discipline/program/service risk criteria). Clients assessed at Intake as being a high clinical risk will be prioritised for service over those assessed as being at medium or low risk. Where referrals are sent without this information, the referral source shall be contacted by the Service Access Worker. **Record in Notes box on Page 2 of the Consumer Information Form and Priority Assessment Tool.** *Note: as the number of referrals being processed by Service Access Service grow, the practice may need to change and the PCP Referral Feedback Sheet faxed to the referrer indicating "insufficient information to process".*

<sup>33</sup> Adapted from document developed by Southern Health Primary Care

3. Allocate a Priority Rating and given an appointment or added to wait-list in accordance with the Priority Assessment Tool. The Priority Ratings are as per the Primary Care Partnership Service Coordination Protocol as follows:

<b>High risk</b>	<b>Priority 1</b>	Cannot wait (next available/appointment)
<b>Medium risk</b>	<b>Priority 2</b>	Attend in date order
<b>Low risk</b>	<b>Priority 3</b>	Hold during peak demand

4. Priority 1 clients will be offered an appointment at another site if there is a shorter wait list .
5. Appointments will be made up to 6 weeks ahead. If appointments are not available within this timeframe, then the client will be added to the Wait-List.
6. A wait-list for services will be maintained by the Service Access Administration function in accordance with these criteria and priority ratings. If the wait-list for a service reaches 12 weeks, the client/carer will be telephoned or a letter mailed (generated in SWITCH/HMS) advising of longer than expected times. The letter will request that the client/carer re-contacts the service within 2 weeks of the date of the letter if they still require the service. (Priority 1 – 12 weeks; Priority 2 – 6 months; Priority 3 – 12 months) If a client/carer does not contact the service within the specified time then the client will be discharged and notification of their discharge status (fail to contact service) will be sent to referral source.
7. Each service/program wait-list is reviewed by Service Access Administration weekly.
8. All Priority 1 clients on the wait list will be contacted by Service Access Administration for service before Priority 2 clients. All Priority 2 clients on the wait list will be contacted for service before Priority 3 clients. When all Priority 2 clients have been offered services, Priority 3 will be offered service. The only exception to this protocol is if an appointment becomes available at short notice a clinician may book in a Priority 3.
9. Once a waitlist is less than 3 weeks, consumers on the waitlist are to be telephoned by Service Access Administration up to 2 times. If contact is unable to be made after 2 attempts, a letter is sent requesting that the client contact the service. If there is no response from the client within 2 weeks of the date of the letter they will be taken off the wait list. If successful, an appointment is made by the Intake Service if required. Where not successful, discharge / case closure notes will be included with the referral information and the same advice provided to the referral service.

*References:*

- Victorian HACC Policy Manual 2003
- XCHS Physiotherapy Waiting List Protocol P. 01.01.1.
- X PCP Service Coordination Protocol Manual
- Y Waiting List Management Guiding Principles & Work Directions

## 5.8 Sample Service Guide – Occupational Therapy <sup>34</sup>

<b>SERVICE</b>	Occupational Therapy
<b>INTRANET</b>	
<b>PROGRAM</b>	Older Persons (HAAC)
<b>SERVICE DESCRIPTION</b>	Occupational Therapy involves assessment and treatment of frail elderly and disabled people of all ages, to maintain independence and quality of life. Areas of involvement include: assessment, advice and prescription of equipment to assist with problems relating to personal, (bathing, eating, dressing), domestic and community activities of daily living, and home modifications.
<b>ELIGIBILITY CRITERIA</b>	<p>Frail aged and Disabled persons</p> <p>Disabled children in the home</p> <p>Clients living in Community Residential Units and Supported Residential Services may be eligible IF NOT GOVERNMENT FUNDED.</p> <p>People in Nursing Homes and Hostels are ineligible for OT visits, but may be eligible, if able to get to the Centre</p> <p><b><u>EXCLUSION.</u></b></p> <p>NO DRIVING ASSESSMENTS. Contact [agency X or Y]</p>
<b>PRIORITY</b>	<p>Priority is given to:</p> <p>Limited Screening appointments given for Priority 3 clients.</p> <p>Priority 1 and Priority 2 placed on waiting list for OT clinical prioritisation</p>
<b>INTAKE PROCEDURE</b>	<p>Screening appointments made for Priority 3. Opened appointments in 6 week block. OT to be re-contacted to open.</p> <p>Outside referrals sent to Service Access. Referrals are processed and hard copy of referral sent to relevant staff member via eReferral/internal mail/secure email.</p> <p>If client has not re-referred in 12 month period, client needs to go through Service Access process again.</p>
<b>REFERRAL FORMS TO COMPLETE</b>	<p>SCTT</p> <p>Consumer Information form</p> <p>Summary and Referral form</p> <p>Functional profile</p> <p>Living and Caring Arrangements profile</p>
<b>COST</b>	\$X for Health Care Card and Low Income.
<b>DO CLIENTS NEED A REFERRAL?</b>	Yes where 1 or more falls are reason for referral / referral from GP for OT and/or Physio is required

<sup>34</sup> Adapted from document developed by Southern Health Primary Care

<b>REFERRAL OPTIONS:</b>		Agency A:  For DVA Gold Card holders *** Veterans and war widows should be directed to the DVA/Rehabilitation Appliances Program 9284 6331 for list of private OT providers who will see the client sooner / or the client will be given an option list for private OT providers who will work in the area.				
<b>WHEN CAN RECEPTION MAKE APPOINTMENTS?</b>		Rescheduling existing or review appointments				
<b>DOES THIS SERVICE HAVE A WAITING LIST?</b>		Occupational Therapy wait lists will vary between sites.			✓ 5. Older Persons (HACC) - Yes	
<b>STAFF, SITES &amp; DAYS OF SERVICE</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No  If Yes, please tick appropriate programs.	<u>Site A</u>	<u>Site B</u>	<u>Site C</u>	<u>Site D</u>	<u>Site E</u>
	<b>OLDER PERSONS</b>			<u>OT name</u> Monday - Friday	<u>OT name</u> - Monday - Thursday  <u>OT name</u> - Friday	<u>OT name</u> = Monday & Thursday
<b>MAIN CONTACT FOR SERVICE/WAITING LIST</b>		<b>OLDER ADULTS</b> OT NAME (DIRECT - STAFF ONLY)				

## 5.9 Sample Eligibility Screening and Risk/Priority Assessment Tool <sup>35</sup>

### Occupational Therapy (HACC)

HIGH PRIORITY (P1)	
If client has responded "yes" to one or more of the questions below they are considered HIGH PRIORITY. Please put on OT (HACC) Wait List as P1	
Do you have any pressure ulcers?  Do you require any pressure management advice? (Not wound management)  Y/N	Have you had a recent fall?  <b>If Yes...</b> go to GP to assess reason for fall and ask GP to send referral to Service Access for either Physio and/or OT  Y/N
RDNS referral?  Y/N	Have you been in a public hospital within the last four (4) weeks?  <b>If Yes...</b> Do you have loan equipment from the hospital?  Therefore.... do you require an OT assessment for purchase of equipment?  Y/N
Inner City Hospital OT request for peri-discharge assessment assistance  Y/N	

*If the client has responded one or more of the answers in bold in the above section then the client is considered high priority.*

**NB. Exclusion:** NO DRIVING ASSESMENTS. Call [Agency A or B]

PERSONAL ALARMS: forward/email SCTT to OT & write PERSONAL ALARM in subject line.

MEDIUM PRIORITY (P2)	
If the client has responded "yes" to one or more of the questions below they are considered MEDIUM PRIORITY. Please put on OT (HACC) Wait List as P2	
Have you been in a Private hospital within the last four (4) weeks?  <b>If Yes...</b> do you require an OT assessment for purchase of equipment?  Y/N	Pre-existing chronic conditions e.g. Motor Neurone, Multiple Sclerosis, Parkinsons, Paraplegic, Dystrophy  <b>If Yes...</b> Do you need an OT review?  Y/N
Are you a carer of a dependent client?  Do you need refresher training on how to use the equipment or safety of the equipment?  Y/N	Do you have a child/adolescent (at home only) with a disability who needs an assessment for equipment/home modifications?  Y/N
Do you live in an Office of Housing dwelling? <b>If Yes...</b> is your current housing unsuitable for your needs? <b>If Yes...</b> Do you need a support letter from an OT?  Y/N	Are you <u>unable</u> to access the shower or toilet at all?  Y/N

<sup>35</sup> Adapted from document developed by Southern Health Primary Care

Do you need a bathroom/toilet assessment for aids/equipment? (NOT RAILS ONLY) Y/N	Do you need an OT assessment for seating/bed modifications/ hoist/full-time wheelchair? (Major equipment) Y/N
Do you need an OT assessment for home modifications? (Major house – access/bathroom) Y/N	Are you unable to leave the house independently? Y/N
Is there a rapid deterioration in health? Y/N	VA&EP (Victorian Aids and Equipment Program) assessment and application? Y/N

*If the client has responded one or more of the answers in bold in the above section then the client is considered medium priority*

<b>LOW PRIORITY (P3) To assist these clients to be seen in reasonable time</b> <b>▶ ▶ To be given Screening Appointments up to 6 weeks ahead then Service Access to contact OT to open Appointments / or commence Waiting List again.</b> <b>If the client has responded “yes” to one or more of the questions below they are considered LOW PRIORITY.</b>	
Request for rail only Y/N	Wheelchair assessment <b>for community use only</b> Y/N
Scooter assessment (Can refer to Agency A) Y/N	Needs a OT letter to assist with a Housing application Y/N
Do you require a mobility aid assessment? eg wheeled walker? Y/N	Are you going into a country/private hospital for hip/knee surgery and need to set yourself up with equipment prior to the surgery? Do you know when your surgery date is? Y/N (If two (2) weeks client needs an earlier appointment )
Personal Alarm Assessment? (Reasoning) Y/N	

*If the client has responded one or more of the answers in bold in the above section then the client is considered low priority*

### Discretionary Priority Factors

If the prospective client is from a high-risk population group they may be prioritised as P1 – next available appointment, irrespective of meeting any other criteria. This is at the Service Access worker’s discretion.

<b>High Risk Population Groups.</b> Including but not limited to:
Culturally and linguistically diverse background
Aboriginal and Torres Strait Island background
Dementia or frail elderly or disability AND living alone
Living in pension-only SRS/rooming houses/other insecure housing

### APPOINTMENTS:

Site A	[OT name]	P3 WED 10:30 am and 11:30am
Site B	[OT name]	P3 Thurs. 9:15am and 11:00am
Site C	[OT name]	P3 Fridays 9:30 am and 11 am

## 5.10 Sample Eligibility Screening and Risk/Priority Assessment Tool – Carer Support <sup>36</sup>

### Worker:

[name]: Mondays 9-5 pm, Tuesdays 9-3pm and Wednesdays 9 – 3.30

### Service Access Referral Criteria:

All new clients

New episodes of care: if client hasn't represented to the Carer Support Worker in the last 6 months.

### Eligibility Criteria:

As per XCHS policy

Carer must be a resident of City of X OR be the Carer of a resident of the City of X.

Any level of care given.

Do not need to be a recipient of a Carer Benefit

### Priority of Access:

#### Urgent:

- Carer can no longer cope or manage
- Urgent support required for respite, housing, financial
- Care recipient receiving palliative care &/or likely to die
- Carer cannot provide care for a time due to own hospitalization or other need

#### Non-Urgent:

- All other enquiries

**Appointments:** Home based and Centre based appointments given

### Waiting List:

<b>Urgent Appointments:</b> #1 in Priority Box = Urgent rating on the waitlist
--------------------------------------------------------------------------------

Non-Urgent: Appointment wait time of approximately (2-4 weeks)

Service Access worker will place all clients on waitlist and manage the wait list

### Length of Assessment Appointment:

90 mins

**Fees:** No fees

### Groups:

**1<sup>st</sup> Monday of the month (except January)**

1.30 – 3.30 pm at Site A.

### Internal referrals:

All internal referrals to Service Access Worker

### External Referrals:

All external referrals to be processed by Service Access Worker

<sup>36</sup> Adapted from document developed by Banyule Community Health Service

## 5.11 Sample Screening Appointments policy and Checklist <sup>37</sup>

*Version Number:*

*Issue Date:*

*Reviewed By:* Service Access System

*Review Date:*

*Statement of Outcomes:*

At the point of Service Access, all clients assessed as being eligible for service will be offered a "screening appointment" with the appropriate service provider.

If communication barriers exist, clients and service providers will communicate through a communication service (TTY, interpreter).

*Background:*

- The Service Access System will screen clients for risk, eligibility and priority and shall allocate clients to an appropriate service.
- A broader, holistic assessment of need (Initial Needs Identification) process is undertaken by the practitioner at the first appointment, hereafter referred to as a "screening appointment" whereby clients' broader needs (other than those presented at Service Access) are explored, if appropriate.\*
- The Service Access Worker [non health practitioner] is responsible for making screening appointments (refer to Service Access SWITCH Protocol and Service Access General Staff Procedures Protocol).

*Rationale:*

*The screening appointment may include these elements, screening/assessment/treatment and last approximately 60 minutes.*

- To ensure that all of a client's needs are identified early in the provision of services, including health promotion and education.
- To ensure a consistent approach to clients by introducing community health services in a comprehensive manner.
- To ensure that the client understands their rights and responsibilities, privacy and confidentiality provisions, and fees protocol.
- To ensure that cultural and religious differences are respected clients have the right to request an interpreter in the language they choose and specify the gender of the interpreter.
- To ensure that clients are aware that staff have the right to book an interpreter or other communication aid if they feel they are not able to understand the client because of language/communication difficulties.

\* Existing and new staff will be trained in how to undertake a "screening appointment".

*Definitions:*

A "Screening Appointment" is made by the Service Access System for clients who have not previously accessed the service or who have not accessed the service for 12 or more months. At the screening appointment, where appropriate, the client's underlying needs, in addition to those presented at Service Access, are identified. A care plan may be devised at this time and referrals to other providers generated and treatment or further appointments offered.

<sup>37</sup> Adapted from document developed by Southern Health Primary Care

## **PROCEDURES**

### ***The Practitioner shall:***

The first part of the screening appointment should cover an overview of the following:

1. Five to ten minutes to provide general information on programs and services available to the clients verbally and in written format.
2. Explain community health services' relationship with X Health.
3. The community health service approach to service delivery eg. Supporting clients to take an active role in their health care, self management, looking at ways with the client of preventing future health issues, we provide opportunistic health education, we might look at the underlying causes of your illness or condition.
4. Provide program specific and across-service Information.
5. Provide discipline specific information about what the client may expect from the service provider.
6. Explain that there is a fee for service. Health Care Card holders are subsidised. No person will be denied a service due to inability to pay.
7. Check that the client has received the X Health Rights and Responsibilities brochure, Fees Brochure (when available), Community Health Service brochure, Privacy brochure.
8. Provide the client with a Feedback Form and the location of Feedback Boxes at each reception sites (Clients are encouraged to feedback levels of satisfaction with the service).
9. Shall, if appropriate, explore issues other than presenting issues, in a holistic manner; that is, consider the clients' social, psychological, financial, medical and physical aspects of health; and in addition to explore the clients' healthy lifestyle choices and strengths.
10. As far as possible, identify the full range of clients' needs and not just those needs that can be met by the community health service or the practitioner undertaking the screening.
11. Initiate appropriate service specific interventions which include:
  - a. Appropriate referral to other health professionals (including those outside the Community Health Service).
  - b. Service specific assessment.
12. Provide client/carer education on healthy lifestyles where necessary, or as opportunities arise.
13. A care plan may be devised at this time (Refer to X Health Primary Care Care Plan Protocol).
14. Before concluding, practitioners should ask whether the clients have anything else they would like to know or have addressed, and encourage clients to ask questions at subsequent sessions if they think of any thing they would like to know or have addressed.

## Screening Appointment Checklist

### Introduction to CHS:

- Check whether the client has been to the site or received service from CHS before.
- Explain you will spend a few minutes providing general information about CHS.

### Consumer Information, Summary and Referral and Consent Forms:

- Ask the client for information that has not been collected at Service Access and add to the SCTT. Check the reasons that the client is seeking services. When a child is the client, ensure that the child's details are recorded and if the child has a health care card, check that the child is the holder and not the parent.
- Obtain informed consent from clients if a referral is being made.

### Mandatory Information:

- Provide explanation in support of the following documents:
  - CHS brochure.
  - "Your Information – It's Private" brochure (Discuss the confidentiality with client when utilising interpreters)
  - X Health Client Rights and Responsibilities brochure.
  - Client Feedback Form.

### Community Health Service Information:

- Provide general information about CHS and other services offered.
- Explain fee structure.
- Explain CHS is part of Southern Health, government health services.

### Program Specific Information:

- Explain any discipline specific information important to your service.
- Offer any other discipline specific information you have available.

### Practical Orientation to agency:

- Introduce clients to reception staff if this is practical.
- Explain access to toilet & tea making facilities etc.

### References:

DHS Better Access to Services Strategy  
 X Health Primary Care Community Health Services Eligibility Protocol  
 X Health Primary Care First Appointment Protocol  
 Y Community Health Service First Appointment Protocol

## 5.12 Sample Service Review Policy <sup>38</sup>

### POLICY

X Community Health Service is committed to ensuring that all its services are of the high standards in quality and safety.

### PURPOSE AND SCOPE

This policy applies to all Service Reviews undertaken at X Community Health Service.

### REFERENCES

Victorian Quality Council Safety and Quality Framework

### DEFINITIONS

SAFETY	Harm arising from care, by omission or commission, as well as the environment in which it is carried out, must be avoided and risk minimised in care delivery processes to provide safe care.
EFFECTIVENESS	The effect of health care relates to the extent to which the treatment, intervention or service achieves the desired outcome and the treatment will produce measurable benefit to the client.
APPROPRIATENESS	Appropriateness of health care requires evidence to provide suitable client care, at the right time, avoiding over and under utilisation. The treatment of a particular condition is selected based on the likelihood that the intervention will produce the desired outcome for the client and will exceed the expected negative consequence.
ACCEPTABILITY	For a service to be acceptable, opportunities must be provided for health consumers to participate collaboratively with service providers in the planning, delivery, monitoring, and evaluation at all levels of the organisation in a dynamic and responsive way.
ACCESS	Health services should offer equitable access to services for the population they serve on the basis of need, irrespective of geography, socio-economic status, ethnicity, age or sex. This includes availability of services such as waiting times and physical and information access.
EFFICIENCY	Utilisation of resources to achieve value for money. Allocative efficiency informs decisions on what services or treatments to deliver, whereas technical efficiency is concerned with reducing costs and minimising waste.

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<sup>38</sup> Adapted from a document developed by Darebin CHS

## PROCEDURE

### Review Framework

When planning service reviews, areas for investigation will be determined using the dimensions of quality outlined in the VQC Quality and Safety Framework. These are:

- Safety
- Effectiveness
- Appropriateness
- Acceptability
- Access &
- Efficiency

Outlined below are the minimum criteria that should be assessed under each quality dimension.

#### Safety

The XCHS Risk Management process is the primary structure for ensuring and monitoring safety at XCHS. The Risk Management process requires that risks be recorded on team specific or organisational Risk Registers. The main purpose of the Service Review is to review and reassess the identified risks on the Risk Registers. It is also important to ensure newly identified risks (identified through tools such as the client or staff feedback questionnaires) are added to the Risk Registers and assessed during Service Reviews.

Refer to the Risk Management Framework for information on reviewing assessing risks.

If a Risk Register has not been completed for the service area, refer the XCHS Risk Management Framework on the XCHS intranet site or the Victorian Healthcare Association (VHA) website.

#### Effectiveness

- Clinical outcomes
- Client / Carer feedback on outcomes
- Level of intervention i.e. average contacts per client
- Comparison with any industry clinical benchmarks

#### *Appropriateness*

- Staff qualifications
- Professional development
- Peer review systems
- Staff supervision
- Assessment guidelines
- Clinical guidelines/care pathways
- Client record documentation

#### *Acceptability*

- Client / Carer satisfaction
- Client / Carer complaints
- Staff satisfaction
- Stakeholder satisfaction (referring bodies etc..)
- Client information resources

### Access

- Triaging criteria
- Client assistance with navigating/negotiating the service system;
- Information provided (alternate services / interventions etc..)
- Provision of assisted referrals
- Provision of short-term support or interim strategies to help contain issues whilst awaiting assessment or service delivery
- Waiting times
- Comparison of client pool with catchment demographics
- No show rates

### Efficiency

- Service model review
- Appropriate usage of professional personnel
- Administrative support
- Equipment / Infrastructure support

### Methodology

At a minimum, the following components should be included in the Service Review process:

- Literature review
- Client / Community focus groups
- Client surveys
- Stakeholder survey and/or focus groups
- Client record audits
- Other relevant audits eg. Infection Control etc..
- Demographic analysis
- Review of service statistics / waiting lists
- Clinical Risk Management Plan
- A component of external peer review

### Project Plan

In planning a service review a comprehensive project plan should be developed and signed off by the relevant Manager. The project plan should include proposed questions, methodology, staff input and timelines.

### Reporting

A comprehensive report should be produced using the Dimensions of Quality Framework. The report should include the project plan, findings and recommendations for improvement that can be incorporated into the XCHS wide and specific service work plans. An Executive Summary outlining the key findings and recommendations should be developed to be included in the Board of Management papers. Each review will also be reported upon at a staff meeting.

### Documents

XCHS Risk Management Framework, 2006

XCHS Risk Management Policy, 2006

### History

	Initial Issue
	Review

## 5.13 Sample Service Access Worker Position Description-1 <sup>39</sup>

<b>POSITION:</b>	<b>Service Access Worker (0.6)</b>
<b>REPORTS TO:</b>	<b>Team Leader, Child &amp; Family Health Team</b>
<b>CLASSIFICATION:</b>	<b>Social and Community Services (Vic.) Award, Community Development Worker</b>
<b>APPROVED:</b>	<b>CEO, September 200X</b>
<b>REVIEWED:</b>	<b>Sept 200X</b>

### **PRIMARY OBJECTIVE:**

#### **The Organisation**

The X Community Health Service (X CHS) provides a broad range of health, welfare and social support services. The organisation has a Board of Management, which is partially elected and partially appointed by the Governor in Council on recommendations from the Minister for Health. We operate in a dynamic environment where change is the norm. We are a smoke-free work environment.

#### **Purpose of the Position**

The purpose of the Service Access Worker position is to:

- Provide a Service Access role which manages all referrals into the organisation and assists people negotiate the health and welfare system external to the organisation.
- Conduct Intake for all services offered by X CHS, which include Counselling, Physiotherapy, Podiatry, Speech Pathology, Dietetics, Occupational Therapy, Community Health Nursing and Children's Services (inclusive of Speech Pathology, Psychology and Occupational Therapy).
- Implement the Victorian Service Coordination Practice Manual and XY PCP's protocols and practices in regards to delivering Service Access and Service Coordination.
- Coordinate and continuously improve X CHS's Service Coordination system.
- Network with referral agencies in supporting the service system as a whole.

The Service Access Worker will:

- Facilitate streamlined and timely access for clients to the services they require.
- Support internal service providers to make appropriate referrals.
- Assist external agencies and GPs to make appropriate referrals to X CHS.

### **KEY DUTIES:**

#### **Networking and Referrals**

- Provide accessible, efficient and effective Service Coordination to those seeking services from X CHS.
- Provide information provision about the service system, initial needs identification, screening and risk assessment.
- Use the SCTT (Service Coordination Tools Template) to collect client information and record an Initial Needs Identification.
- Where clients require referral to other agencies, information provision includes empowering people to self refer, or making an assisted referral on their behalf.

<sup>39</sup> Adapted from a document developed by Whitehorse CHS

- Inform consumers (callers and people who present at reception) about the services available, eligibility criteria, waiting lists, and their rights and responsibilities in relation to accessing services.
- Participate in planning processes to assess community needs and identify service gaps.
- Maintain appropriate communication processes with service staff, reception staff, and Information Officers that will support the Service Access system.
- Establish and maintain effective working relationships and communication processes with external agencies, eg. X City Council staff and services, RDNS and GPs.
- Ensure the service coordination system is responsive to the needs of all people within the X community, in particular people from CALD backgrounds, young people, people who are homeless or living in unsecure accommodation, elderly people, people with disabilities, newly arrived migrants, refugees and asylum seekers.
- Utilise interpreter services for clients with language barriers and advocate on behalf of people from CALD backgrounds to access the service system.

### **Health Promotion and Illness Prevention**

- Provide health and welfare information as appropriate.
- Participate in health promotion work that contributes to the X CHS Health Promotion Plan.

### **Record Keeping**

- Maintain up-to-date statistical data input, eg. for demand management surveys, weekly submission of statistical data for monthly collation and reporting, etc.
- Maintain accurate, relevant data in client records and referral tools.
- Ensure that client confidentiality is respected and upheld at all times.

### **Maintenance**

- Ensure the Service Access system and office have up-to-date resources and information.
- Ensure a safe workplace according to X CHS Occupational Health and Safety standards and policies.

### **Organisational**

- Ensure the provision of information and the negotiation of referral pathways are in accordance with the XY PCP's practice guidelines and X CHS's policies and procedures.
- Promote and market the X CHS service coordination system to current clients, the community, other agencies and service providers, and GPs.
- Promote good public relations on behalf of the organisation.
- Participate in the ongoing quality improvement activities of the agency. These activities include planning and reviewing programs, services and systems, performance development and audits.
- Participate in the performance planning and appraisal system.
- Undertake any other professionally related duties appropriate to the position as directed by the CEO.

### **POSITION DIMENSIONS:**

**Reporting to this Position:** No positions report to this position

**Internal Liaisons:** All staff, particularly other service providers .

**External Liaisons:** Other agencies within the PCP.

Other services and agencies providing health, welfare and community services to clients.

Government agencies and bodies.

## **QUALIFICATIONS AND EXPERIENCE:**

### **Mandatory Qualifications and Experience**

- A relevant tertiary health qualification (eg. allied health, nursing, psychology, social work).
- A minimum of 3 years professional experience.

### **Desirable Qualifications**

- A second language, eg. Italian, Greek, Cantonese, Mandarin.

### **Experience and Skills**

- Knowledge of the broad range of issues for which people present in a community health setting.
- Knowledge of the types of interventions appropriate for various issues that present to community health and how to refer appropriately.
- Comprehensive understanding, knowledge and experience implementing the Victorian Better Access to Services Framework, Service Coordination Practice Manual and Service Coordination Tool Templates (SCTT).
- Demonstrated experience and skills in information provision, service coordination, eligibility and risk assessment, referral and casework in community based settings.
- Ability to undertake Initial Needs Identification in an holistic manner.
- Ability to collect information in a sensitive manner, with practical regard to cultural requirements, language issues, special communication needs, privacy and confidentiality.
- Involve people accessing services in decision making.
- Understanding and experience in the use of crisis intervention frameworks and strategies.
- Well developed computer skills including word processing, maintenance of client records, collection of statistical information, database management and electronic information exchange.
- Highly developed interpersonal and communication skills.
- Advanced interviewing and engagement skills.
- Effective networking skills and the ability to establish good working relationships with other agencies.
- An understanding of health and welfare service system.
- An understanding of primary health care.
- Demonstrated understanding of the needs , issues and sensitivities of people from culturally and linguistically diverse backgrounds.
- Ability to work independently and as a member of a team.
- Ability to make sound professional decisions under pressure.
- Ability to analyse data for planning and service development.
- Ability to maintain a resource base and keep staff informed.

## KEY SELECTION CRITERIA

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*Please ensure you address the key selection criteria in your application.*

- KSC1** Relevant qualifications, and/or experience, including professional registration where appropriate.
- KSC2** Comprehensive understanding, knowledge and experience implementing the Victorian Better Access to Services Framework, Service Coordination Practice Manual and Service Coordination Tool Templates (SCTT).
- KSC3** Demonstrated skills and experience in information provision, service co-ordination, including Initial Needs Identification, assessment, referral and care planning in a community setting.
- KSC4** Understanding and experience in the use of crisis intervention frameworks and strategies.
- KSC5** Well developed computer skills including word processing, database management and electronic information exchange.
- KSC6** Sound knowledge of relevant service systems and understanding of a wide range of health services, particularly in primary health care.
- KSC7** Demonstrated understanding of issues around working with clients from culturally diverse backgrounds.
- KSC8** Ability to speak relevant community language(s) other than English.

## 5.14 Sample Service Access Worker Position Description-2 <sup>40</sup>

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Position: Service Access Worker  
 Indicative Hours: [EFT, Hours per week]  
 Accountability: This position is accountable to *[insert]*

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### 1.0 General

#### 1.1 The Organisation

The X Community Health Service provides a comprehensive range of health, welfare and social support services from Y sitesX. TheService Access Service is located at site A.

#### 1.2 Purpose of the Position

The purpose of the Service Access Worker position is:

- To provide Service Access and Service Coordination services to the community, facilitating access to the broader service system and the following internal services: *[amend the listed services as appropriate eg. HACC and Community Health including Counselling, Physiotherapy, Podiatry, Speech Pathology, Dietetics, Occupational Therapy and Community Nursing services]*.
- To coordinate and continuously improve the X Service Access System.
- To liaise with post acute care and other service providers.
- To support implementation and maintenance of the Victorian Service Coordination Practice Standards.

The Service Access worker/s will:

- Facilitate streamlined and timely access for clients to the services they require.
- Support clients in crisis to access the services they require.
- Ensure that clients get an outcome (information, appointment or referral) at the earliest point in their contact with XCHS.
- Assist service providers and GPs to make appropriate referrals for XCHS services.
- Coordinate appointments, waiting list and client health information collection.

#### 1.3 Teamwork, Co-operation, Multi Skilling

We have a high expectation that staff operate as a co-operative team. Our emphasis is on having staff who are flexible and multi-skilled. We look for people who are prepared to learn and take on new skills, responsibilities and challenges. Staff are expected, when required, to rotate with and back-up other staff. In addition there may be occasions when staff are asked to work at other sites. Generally we are looking for staff to have a good working knowledge of areas other than their own.

#### 1.4 Key Selection Criteria

##### 1.4.1 Qualifications

A relevant tertiary health qualification (e.g. social work, allied health, nursing, psychology) and/or a demonstrated ability to carry out screening, initial needs identification, risk assessments and referrals regarding health related issues.

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<sup>40</sup> Adapted from a document developed by Effective Change Pty Ltd

### 1.4.2 Knowledge, Experience and Skills

- Knowledge of the broad range of issues for which people present in a community health setting.
- Knowledge of the types of interventions appropriate for various issues that present to community health and how to refer appropriately.
- Demonstrated experience and skills in information provision, Service Access, risk assessment, referral and casework in community based settings.
- Understanding and experience in the use of crisis intervention frameworks and strategies.
- Understanding of chronic diseases and how these may impact on the health and well being of clients.
- Comprehensive understanding, knowledge and experience implementing the Victorian Better Access to Services Framework, Service Coordination Practice Manual and Service Coordination Tool Templates (SCTT).
- Well-developed computer skills including word processing, maintenance of client records, collection of statistical information, database management and electronic information exchange.
- Highly developed interpersonal and communication skills.
- Sound knowledge of relevant service systems and understanding of a wide range of health services, particularly in primary health care.
- Demonstrated understanding of the needs, issues and sensitivities of people from culturally and linguistically diverse backgrounds.
- Ability to work independently and as a member of the team.
- Ability to analyse data for planning and service development.
- Ability to maintain a resource base and keep staff informed.

### 1.4.3 Desirable Criteria

- A second language e.g. [*insert desired second languages as required*]
- Full Victorian Motor Vehicle Licence

## 2.0 The Job

X CHS has developed a new integrated Service Access system to facilitate improved access to services within XCHS and the wider service system. The Service Access system operates between [*insert operating hours*] and receives over [*insert number*] contacts per week.

The new Service Access System:

- streamlines screening, initial needs identification, risk assessment, referrals and appointment making and waiting list management for consumers wishing to access services
- provides clear referral pathways for service providers and GPs, and
- establishes formal linkages and relationships with other primary care providers.

The role of the Service Access Worker will initially be to phase in, trial and further develop the Service Access System. The Service Access Worker will then operate and continuously improve the Service Access system. As this is a new position, duties may change over time in line with improvements to and expansion of to the Service Access System.

### 2.1 Key Responsibilities and Duties

- Provide an accessible, efficient and effective Service Access service to the X community.
- Identify for all callers (and people who present at reception) their initial needs, urgency of need, risk, appropriate referral pathways (internal and external) and any follow up assessments required.

- Provide a prompt, accessible information and referral service.
- Provide health and welfare information when needed.
- Assist clients in crisis to access appropriate crisis services and assessments.
- Ensure the provision of information and referral services are in accordance with the XCHS's Service Access System policy and procedures.
- Ensure the Service Access system and room has up-to-date resources and information.
- Participate in planning processes to assess community needs and identify service gaps.
- Maintain up-to date statistical data input requirements and prepare reports as required.
- Establish and maintain appropriate communication processes with XXX CHS staff to support the Service Access System e.g. service staff, reception staff, Dental and GPs.
- Establish and maintain effective working relationships and communication processes with external agencies e.g. X City Council, RDNS, external GPs, other service providers and the PCP Service Coordination Team.
- Promote and market the XCHS Service Access system to current clients, the community, service providers and GPs.
- Ensure the Service Access System is responsive to the needs of all people within the local community in particular, young people, people who are homeless or living in insecure accommodation, and the aged.
- Liaise with external agencies.
- Undertake any other duties appropriate to the position as directed by the Manager.

## **2.2 Other Duties**

- Ensure that client confidentiality is respected and upheld at all times.
- Promote good public relations on behalf of the organisation.
- Participate in project work as required, in particular client surveys.
- Ensure a safe workplace according to OHS standards and policies.
- Participate in the ongoing quality improvement activities of the agency. These activities include planning and evaluation of programs and services, performance development and audits.

## **3.0 Additional Information re Conditions of Employment**

*[insert as appropriate]*

## 5.15 A Day in the life of a Service Coordinator <sup>41</sup>

In 2001, the Department of Human Service recommended a policy direction of centralised Service Access systems within the Community Health sector. This was to enable clients and workers to access one central point of referral and prevent clients being lost in the system. It was also based on the assumption that not all clients know exactly what it is they are wanting, so a centralised Intake system, also known as Service Access or Service Coordination, was developed to assist with identifying client need and then directing them to the appropriate discipline and/or supports.

This paper highlights some of the complexities and dilemmas faced by both clients and Service Coordination workers, in relation to access and advocacy issues at Community Health Services.

The day begins by checking the Service Coordination pigeon hole for any faxed referrals that have been sent through, there are usually a couple of these. Turn on computer, open Service Coordination icon. A list of messages to be returned appears on the computer, these at present, number about 50. The average number of new referrals per day is about 30, however, if a client or worker is unable to be contacted that day in order to complete a referral, a back log can occur. At times, this backlog of calls to be 'actioned' has been as high as 200.

The current system relies on reception to screen calls to the centre and direct new clients wanting to access a service or access a new 'episode' of service to Service Coordination. Service Coordination also provides information and referral advice to the local community and XCH Community Health clients and workers about other services in the area.

The day continues with Service Coordinators, beginning to return phone calls. For example, Mr. Smith rang 2 days ago wanting to see a podiatrist and a message was left for Service Coordination to contact Mr. Smith back. At 11:00am Service Coordination rings Mr. Smith and conducts an assessment over the phone as to his eligibility and suitability for podiatry with XCH. 11:10am - Service Coordination takes down Mr. Smith's details, name, address, reason for seeking podiatry, etc. and prints out the SCOT referral form and hands it on the podiatry team. Within this telephone conversation there is also an opportunity for Service Coordination to undertake some health promotion work, such as discussing with Mr. Smith any other needs he may have and to suggest other supports if applicable.

At times, depending on workload and staff leave, etc. the delay in response time to clients can be as high as 7 days before a phone call is returned. It appears that only recently that the need for Service Coordination to be fully staffed at all times, including when staff go on leave, has been understood and recognized. Plans to employ more permanent backfill staff have now been undertaken.

Through the day, Service Coordination workers will be paged to attend to a client who has walked in to front reception. This may be someone who is suicidal or threatening self harm, people who are in need of financial aid, women who are escaping or wanting to leave a domestic violence situation, people wanting to use a telephone, or on one occasion because someone wanted toilet paper. Attending to someone who is suicidal can involved up to 2 hours of work, including risk assessment, counseling, referral and crisis response. During this time, the phone continues to ring and messages go unanswered.

For example, 1:00pm, Mrs. Smith walks in to X CHC because she is uncertain where else to go and feels comfortable coming to the CHC. She has had another fight with her partner, he has assaulted her again and Mrs. Smith has decided she would like to do something about the situation she is in. Mrs. Smith is distressed and in tears. At 1:05pm, Reception phones Service

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<sup>41</sup> Adapted from a document developed by Darebin CHS

Coordination to attend to Mrs. Smith. There is no specific room allocated to see Mrs. Smith, so time is spent searching for an appropriate room to see Mrs. Smith. 1:15pm, Mrs. Smith is distressed and takes some time to calm down and tell her story. The worker provides emotional support to Mrs. Smith and discusses with her what her options may be. These may include providing Mrs. Smith with information about what services are available to her, affirming her rights to feel safe and make decisions for her own welfare, discussing with her a safety plan if she needs to leave home in a hurry, supporting her to access appropriate crisis services and/or discussing other sources of support including family and friends.

2:00pm. After a lengthy discussion Mrs. Smith decides that she will stay at a friend's house tonight and see how things go with her boyfriend the next day.

2:05pm. The worker returns to their desk to write up the notes of Mrs. Smith's session.

2:30pm The voice messages are listened to and the worker finds that five of the clients who were phoned that morning have phoned back and left another message. This can result in phone messages going back and forth to clients, which is a frustrating experience for both clients and workers alike.

In general, most clients are fairly clear about what it is they want, for example, at 3:10pm, Lisa rings up because she wants to see a physiotherapist. She has a recently given birth, is experiencing back pain and would she like some treatment. At 3:20pm Lisa has been informed of the process of accessing a physiotherapist at XCH, Service Coordination have all the relevant information about her, she has an appointment time for the following fortnight and the referral is complete.

3:30pm Service Coordination rings Mr. Jackson in relation to an occupational therapy referral. Mr. Jackson is uncertain as to why Service Coordination are ringing him and who they are. It is explained to Mr. Jackson that it is his doctor has sent through some information. Mr. Smith's doctor has recommended that he see an Occupational Therapist to make it safer for him to climb the steps to his home.

Whilst speaking with Mr. Jackson he tells us that he is finding it harder and harder to cook for himself and he has had a few accidents lately whereby he has spilt hot food on himself and left the gas on. As well as an occupational therapy assessment, Service Coordination recommends the Meals on Wheels service to Mr. Jackson to ensure that he gets one cooked meal per day delivered to his home. Mr. Jackson seems interested in this idea and wants some help in contacting the council. Service Coordination ring the council on Mr. Jackson's behalf and by 4:00pm a referral to Meals on Wheels is made.

4:10pm, Service Coordination is paged to take a phone call from a young man, Paul who is upset and angry. The worker speaks with the Paul and ascertains that he is upset because he has tried to get into a detox program for his alcohol problem, but has been turned away because he was late for the appointment. The worker talks with Paul about what it is that he can do about this and suggest that he re-contact the drug and alcohol service again or try another service. The phone call ends at 4:30pm.

In terms of access to XCH services, Service Coordination struggles to find the balance between responding to clients in a timely manner and spending enough time with each client to ensure best outcomes and smooth pathways of referral. Part of the dilemma relates to the unpredictability of the number of people who present at front reception and request support and the nature of calls coming through to Service Coordination. Whilst there is not a huge number of 'walk-in' clients, the time taken to respond to them varies greatly. In response to these issues, Service Coordination has devised a screening tool which reception use to determine whether a client is at risk or in crisis or whether they can wait to have the concern dealt with via a phone call.

The current system is far from perfect and it is hoped that through continual reflection and review that a 'best fit' model will be developed, where clients can be attended to if they present at front

reception and request support and where phone based referrals can be also attended to in a timely and thorough manner. The recognition that staff leave needs to be covered has been a positive step forward in this direction, as has the recent decision to have a designated space available for clients to be seen in. Other practitioners taking responsibility for conducting internal referrals with their own clients has also been a new strategy. This reduces the confusion for clients, promotes cross-discipline discussion and awareness and creates a more holistic approach to health care within the current services.

However, it will take more than these few steps to adequately address the organizational wide issue of access and advocacy. More often than not, it is seen by others, as being the 'job' of Service Coordination or the 'job' of Health Promotion. Unless these perceptions are challenged and changed, X Community Health as a whole organization will continue to struggle to provide appropriate access to the community and the organisation's ability to advocate on behalf of these client groups will remain compromised.