

Section 6

Templates & Checklists

6.1 Service Access Snapshot Survey Template– Initial Contact (Reception) 128

A useful template to help capture information regarding time spent on Initial Contact for information, appointment scheduling or Initial Needs Identification

6.2 Sample Service Access Mapping – Areas for Improvement Template 132

A useful way of collating Service Access functions that could be improved through the establishment of an Integrated Service Access system with consistent practices and procedures.

6.3 Sample Summary of current Eligibility/Demand Management Tools and Prioritisation across all Disciplines Template 134

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6.4 Sample Initial Contact and Initial Needs Identification Call Sheet Template 137

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6.5 Sample eReferral Readiness Checklist 140

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6.6 Service Access Models Comparative Chart - Template 148

A template of the comparative chart in the Resource Guide for organisations to complete when considering which Service Access model to select, or when reviewing current Service Access infrastructure, systems and practice.

Section 6: Templates and Checklists

6.1 Service Access Snapshot Survey Template – Initial Contact (Reception) ⁴²

Site: _____ Program: _____ Dates: _____ Name & Position: _____

Guidelines:

- Each cell below represents a 5-minute period. There are enough cells to represent the working day.
- For each contact place a diagonal line through the box/es representing the time committed to that contact (see examples below).
- To discriminate between the different types of contact, please follow the further guidelines below.
- Please draw a horizontal line through the boxes corresponding with lunch breaks.
- NB: It is not necessary to record contact for Needle Exchange or Diabetic Supplies.



	Monday	Tuesday	Wednesday	Thursday	Friday
0830-0900					
0900-0930		A diagonal line through a single square (above) indicates a 5 minute contact. A diagonal line through 3 squares indicates a 15 minute contact committed to Service Access.			
0930-1000					
1000-1030					
1030-1100	P 	To discriminate between <i>type</i> of contact place a letter above the line. <i>P</i> to indicate the contact is by PHONE <i>F</i> to indicate the contact was Face-to-face			
1100-1130	F 				
1130-1200					
1200-1230	1 	To discriminate between the purpose of the contact place a number below the line. 1 to indicate contact for information only 2 to indicate contact for appointment scheduling only 3 to indicate contact for Initial Needs Identification includes prioritisation 4 to indicate contact for referral for service			
1230-1300		2			
1300-1330		3			
1330-1400					
1400-1430					
1430-1500					
1500-1530					
1530-1600					
1600-1630					
1630-1700					

Service Access Snapshot Survey - Initial Contact (Reception)

⁴² Adapted from document developed by Juliet Frizzell, Effective Change Pty. Ltd.

Site: _____ Program: _____ Dates: _____ Name & Position: _____

Guidelines:

- Each cell below represents a 5-minute period. There are enough cells to represent the working day.
- For each contact place a diagonal line through the box/es representing the time committed to that contact (see "Legend" below).
- To discriminate between the different types of contact, please follow the further guidelines in the "Legend".
- Please draw a horizontal line through the boxes corresponding with lunch breaks.
- NB: It is not necessary to record contact for Needle Exchange or Diabetic Supplies.



	Monday					Tuesday					Wednesday					Thursday					Friday				
0830-0900																									
0900-0930																									
0930-1000																									
1000-1030																									
1030-1100																									
1100-1130																									
1130-1200																									
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1500-1530																									
1530-1600																									
1600-1630																									
1630-1700																									

6.2 Sample Service Access Mapping – Areas for Improvement Template ⁴³

✓ tick relevant box

DISCIPLINE	AREAS FOR IMPROVEMENT [insert issues as revealed following mapping activities. For example:]	Practice Standards/ Protocols	Information Management	Org Terminology	Skill sets/ training	HR/Role Definition	Resource Avail/ Utilisation	ICT	Internal Systems Issues	External Factors/ System issues
Reception – Sites A, B & C Summary	Multiplicity of systems and requirements is confusing for staff and clients. “All these different systems make us [the CHS] look incompetent”.									
	Eligibility Criteria not always documented and known by Reception Teams [e.g. age requirements for Adult Speech, participation in Alternative Therapy session, catchment].									
	Intake for Service Providers using voice mail is not satisfactory for Reception Staff or clients. At times the Reception staff do not know where service providers are or how long it will take them to get back to clients, and cannot then answer client questions regarding timelines and availability. Many staff are part-time or only available for parts of the week (and this seems to change) – this adds to the confusion. Reception staff reported that they receive complaints from clients who are not called back in a timely manner usually when the service provider rings the client back and the client is not available or does not answer their phone.									
	Telephone calls made from the Centre where the number only is left – result in Reception getting calls from clients wanting to know why they have rung etc. Reception do not know who made the call and therefore cannot advise the client.									
	Reception work is often confusing: who can they make appointments for? Who does what? What to tell the client?.									
	There is a lot of calling and calling back. This is time wasting and costly (may more calls are being made to mobile phones).									
	Very little Service Coordination occurring, most activity is discipline specific screening.									

⁴³ Adapted from document developed by Lyn McKay, Inner East Primary Care Partnership

DISCIPLINE	<p>AREAS FOR IMPROVEMENT</p> <p>[insert issues as revealed following mapping activities. For example:]</p>	Practice Standards/ Protocols	Information Management	Org Terminology	Skill sets/ training	HR/Role Definition	Resource Avail/ Utilisation	ICT	Internal Systems Issues	External Factors/ System issues
	Terminology is not consistent – what is screening, what is eligibility, what is a waiting list.									
	Not a lot of documentation: services, eligibility criteria, priority for access, processes.									
Groups	Intake process needs more structure and streamlining									
	Roles need clarifying									
Physiotherapy	Calling clients back is not efficient; sometimes it takes 6-7 calls before you reach a client.									
	Prioritisation categories not clearly documented. Need urgency criteria to be identified and documented and stricter criteria for “service eligibility”.									
	Need to establish an official waiting list									
Nutrition Services	Lack of good information about client condition prior to presentation to dietician.									
	Booking people for appointment is time consuming – some are difficult to contact <ul style="list-style-type: none"> – mobile phones – relocations – not home – no answering machines 									
OT	Currently because not all calls are being directed to AHA there is some duplication/doubling up. No phone call log is kept.									
	Multiple site issues: <ul style="list-style-type: none"> – Internal referrals – some are getting lost (don’t use SCTT) – Registrations are sometimes duplicated – affecting intake – Records management – file retrieval from multiple sites 									
Podiatrist	No written eligibility checklist									
	<ul style="list-style-type: none"> – Lack of knowledge of criteria by GPs for making referrals More systematic and consistent pathway to refer clients for clients waiting to access CHS.									

Summary Notes:

Sample Service Access Support to each Discipline Template ⁴⁵

* - use to identify those areas that should be strengthened to improve consistency

CURRENT ROLE OF RECEPTION AND SERVICE ACCESS WORKER List organisation services below, e.g.:	Provide Information on: <ul style="list-style-type: none"> • Services available • Health prom'n • Referral pathways 	Complete Intake IC covering <ul style="list-style-type: none"> • Client contact details • Client Information • Presenting Issues 	Complete INI & Risk Assess't to prioritise access (using discipline specific Risk Assess't Tools)	Obtain cons. consent if required	Make appointment for urgent clients	Place clients on the waiting list	Send out info package on services and waiting list	Manage waiting list: <ul style="list-style-type: none"> • Answer queries on waiting list • Re-assessments 	Make appoint's for clients on waiting list	Make Referrals to external agencies	Coord. internal referrals
Community Nursing: Diabetes											
Counselling											
Dietetics											
Drug and Alcohol											
Financial Counselling											
Youth Services											
Occupational Therapy											
Clinical Physiotherapy											
Paediatric Physio											
Podiatry											
Paediatric OT											
Paediatric speech											

⁴⁵ Adapted from document developed by Effective Change Pty Ltd

<p>CURRENT ROLE OF RECEPTION AND SERVICE ACCESS WORKER</p> <p>List organisation services below, e.g.:</p>	<p>Provide Information on:</p> <ul style="list-style-type: none"> • Services available • Health prom'n • Referral pathways 	<p>Complete Intake IC covering</p> <ul style="list-style-type: none"> • Client contact details • Client Information • Presenting Issues 	<p>Complete INI & Risk Assess't to prioritise access (using discipline specific Risk Assess't Tools)</p>	<p>Obtain cons. consent if required</p>	<p>Make appointment for urgent clients</p>	<p>Place clients on the waiting list</p>	<p>Send out info package on services and waiting list</p>	<p>Manage waiting list:</p> <ul style="list-style-type: none"> • Answer queries on waiting list • Re-assessments 	<p>Make appoint's for clients on waiting list</p>	<p>Make Referrals to external agencies</p>	<p>Coord. internal referrals</p>
<p>HACC Physiotherapy</p>											
<p>Carers Nurse</p>											

6.4 Sample Initial Contact and Initial Needs Identification Call Sheet Template ⁴⁶

RECEPTION TO **ALWAYS** ASK: 1. LIVE WORK STUDY IN CATCHMENT? 2. TAC OR WORKCOVER? 3. HAVE A H.C.C OR LOW INCOME? 4. HAVE A D.V.A.GOLD CARD?

Date		Name & Contact # (Firstname & Surname)	A or P	New Client		Reason for enquiry & Referee name and # if not client	Service Requesting							Dental		Eligible for service		Accepted		Ass'd Ref	Calls made	Comments
				Yes	No		Couns/psy	Speech Path	Phy	Pod	OT	Diet	Discuss'd	Ref made	Yes	No	Yes	No	Y/N			
	Fax	Ph #		Yes	No		Couns/psy	Speech Path	Phy	Pod	OT	Diet	Discuss'd	Ref made	Yes	No	Yes	No	Y/N			
	eRef																					
	Fax	Ph #		Yes	No		Couns/psy	Speech Path	Phy	Pod	OT	Diet	DD	DR	Yes	No	Yes	No	Y/N			
	eRef																					
	Fax	Ph #		Yes	No		Couns/psy	Speech Path	Phy	Pod	OT	Diet	DD	DR	Yes	No	Yes	No	Y/N			
	eRef																					
	Fax	Ph #		Yes	No		Couns/psy	Speech Path	Phy	Pod	OT	Diet	DD	DR	Yes	No	Yes	No	Y/N			
	eRef																					

- A - Adult client
- P - Paediatric client
- Ass'd Ref - Assisted Referral out. e.g. SCTT faxed or sent on via eReferral; 3-way call made with client & additional service etc
- Calls - Calls made to client/referrer & outcome. e.g. message left; no answer etc

⁴⁶ Adapted from document developed by Whitehorse CHS

Sample SWITCH Appointment Roster Setup/Change Request Template ⁴⁷

Name: _____ Discipline: _____

Service: _____

Week 1. **First week of pay period** **Start date wk 1**

Please place a X through days or half days not worked

Appt. Start Time	Appt. End Time	EXAMPLE Duration	Type Of Appt. (eg: Review, Screening, Emerg)	Site
9.00	11.30	30	Review	A
11.30	12.30	60	New client	A
2.00	2.30	30	Review	A
2.30	3.30	60	SCREENING	A
3.30	4.30	60	Permanent group no roster will be set	A
MONDAY				
Appt. Start Time	Appt. End Time	Duration	Type Of Appt. (eg: Review, Screening, Emerg)	Site
TUESDAY etc				
Appt. Start Time	Appt. End Time	Duration	Type Of Appt. (eg: Review, Screening, Emerg)	Site

Adapted from document developed by Southern Health Primary Care.

6.5 Sample eReferral Readiness Checklist ⁴⁸

Section A – Agency Details – Note that this checklist should be completed for each site/branch of your agency

Name: _____

Organisation: _____

Branch: _____

Position: _____

Address: _____

Phone: _____

Email: _____

Will the above named person be the key contact for your agency during the implementation of eReferral?

YES **NO**

If no, please provide name and contact details for the key contact person

Are your agency and services listed on the Human Service Directory?

YES **NO**

Are your agency and services listed on your preferred* Service Directory?

YES **NO**

If yes, which directory _____

Do you have staff members responsible for keeping the Service Directory entry up to date?

YES **NO**

If yes, is the information currently up to date?

YES **NO**

* **NB** Preferred Service Directory is either Connectingcare or S2S/Infoxchange Service Seeker

⁴⁸ Adapted from documentation developed by Infoxchange Australia, Inner East PCP, Outer East Health & Community Support Alliance and others.

Section B – Compliance Checklist – [Please complete one checklist per branch/
campus/ site/ business unit/ clinic]

TASK	YES	NO	COMPLETION DATE	CERTIFIED BY:
SERVICE COORDINATION				
Compliance with Victoria Service Coordination Practice Manual checked				
SYSTEM READINESS				
Web Browser: Internet Explorer 6, Netscape 7, Mozilla 1.2 or higher				
Screen Resolution: 800x600 pixels or higher (1024x768 is recommended)				
Internet connection appropriate: 56 kps modem, ADSL or network connection				
Computer processor adequate; Pentium 11 233 or higher				
RAM sufficient (96 Mb or higher)				
2 Gb hard drive or higher				
PC or MAC with Microsoft Windows 98 or higher				
Users have e-mail access				
PKI ACCESS				
PKI (if available) address				
PKI date of registration (NB 2 years till renewal)				
Duly Authorised Officer (for HeSA)				
PKI will be installed at future date				
REFERRALS				
Agency referral procedures reviewed?				
Services offered listed (Section C.1)				
Referral sources listed (Section C.2)				
Referral destinations listed (Section C.2)				
STAFF PREPAREDNESS				
Do staff have adequate access to computers, internet and email?				
Is staff computer literacy adequate?				
Do staff know how to access and update Service Directories?				

TASK	YES	NO	COMPLETION DATE	CERTIFIED BY:
Are staff familiar with your client management software?				
Do staff members know how to produce and save SCTT documents from your client management software, and how to attach these documents to eReferrals? Or to utilise online forms to generate a SCTT referral? Have these procedures been documented?				
Do Service Access staff members know how to receive and save referral documents and link to your client records (e.g. in client management software or on the network in authorised folders)? Are these procedures documented?				
Are staff familiar with the Victorian Service Coordination Practice Manual or Local or Regional PCP Service Coordination Manual?				
Are staff familiar with the Victorian Privacy Principles & legislation requirements?				
Does your organisation have a designated privacy officer?				
Have you identified and listed staff to be allocated to eReferral roles (eg. such as case manager, referral coordinator, intake person, etc.)				
Has provision been made for regular roles/staff training and induction?				
Have the new agency eReferral procedures been documented?				
Have you developed an implementation and training schedule? Who is responsible?				

SERVICE REGISTRATION				
Have you registered/updated your agency details on your preferred Service Directory ? (see page 1)				

Section C – Registration

C.1 ConnectingCare users

<p>CONNECTINGCARE USER/STAFF REGISTRATION * THIS PROCESS CAN TAKE PLACE DURING TRAINING VISITS; HOWEVER MANAGERS NEED TO BE AWARE OF THE PROCESS, AND DELEGATE AGENCY LEVEL ACCESS TO RESPONSIBLE LEAM LEADERS OR SUPERVISORS.</p>				
<p>Have you registered your agency, all campuses and services on the CC service directory? * HSD data dump can speed this process and reduce double entry</p>				
<p><i>For Agency Users</i> - Have appropriate staff been trained and registered as Level Two Users which will allow them to manage your agency's services information, register new users, retrieve and manage logs for auditing referrals in and out etc ?</p>				
<p><i>For Service Access Workers (Level One or Two users) (receiving eReferrals)</i> - Have users completed the user registration information on-line - : e-Referral User Registration? Have Service Access workers been trained, and have access to designated drives/folders for purposes of saving referrals inline with team and organisational protocols?</p>				
<p><i>For Level One users (sending eReferrals)</i> - Have users completed the user registration information on-line - : eReferral User Registration? (Access this through following the 'Register me' link above the CC log-in box before making a referral)</p>				

Also see http://www.connectingcare.com/docs/e-ref_implementation.pdf

Section C – Registration

C.2 S2S users

<p>INFOXCHANGE USER/STAFF REGISTRATION * THIS PROCESS CAN TAKE PLACE DURING IMPLEMENTATION VISITS; HOWEVER MANAGERS NEED TO BE AWARE OF THE PROCESS.</p>				
<p>Has your agency/service identified how the intake process (incoming referrals) will be managed? (i.e. Centralised Access system, by site, by individual services or a combination of the above)</p>				
<p>Has your agency implementation visit been organised with Infoxchange?</p>				
<p>Have you advised Infoxchange of the following: All the services, their users and positions and their e-mail address?</p>				
<p>Have all eReferral users registered on-line? (This facility can be accessed via your PCP website or www.s2s.org.au).</p>				
<p>Are your staff booked in for S2S training, or received training?</p>				

Section D – Services Offered and Referral Patterns

D.1 Services Offered

For example in the **Program/Service area** “Allied Health” is not specific enough, but “Physiotherapy”, “Occupational Therapy”, “Podiatry” is acceptable.

And in the **Referral Protocols area**, you would list Functional Profile and Living Arrangements as being mandatory if you are a HACC funded service. List *any* documents you want to receive routinely.

Note that it is not mandatory to forward the ‘Consumer Consent’ form.

Program / Service						
Referral Protocols	<input type="checkbox"/> Consumer Info <input type="checkbox"/> Summary & Ref <input type="checkbox"/> Consent <input type="checkbox"/> Functional <input type="checkbox"/> Living Arrangements <input type="checkbox"/> Hth Behaviour <input type="checkbox"/> Hth Condition <input type="checkbox"/> PsychoS <input type="checkbox"/> Funct Ax <input type="checkbox"/> ServCoord <input type="checkbox"/> Carer <input type="checkbox"/> Other_____					
Current Receipt Mechanisms	Phone	Fax	Self	eReferral	Letter	Other
Program / Service						
Referral Protocols	<input type="checkbox"/> Consumer Info <input type="checkbox"/> Summary & Ref <input type="checkbox"/> Consent <input type="checkbox"/> Functional <input type="checkbox"/> Living/Care Arrangements <input type="checkbox"/> Hth Behaviour <input type="checkbox"/> Hth Condition <input type="checkbox"/> PsychoS <input type="checkbox"/> Funct Ax <input type="checkbox"/> ServCoord <input type="checkbox"/> Carer <input type="checkbox"/> Other_____					
Current Receipt Mechanisms	Phone	Fax	Self	eReferral	Letter	Other
Program / Service						
Referral Protocols	<input type="checkbox"/> Consumer Info <input type="checkbox"/> Summary & Ref <input type="checkbox"/> Consent <input type="checkbox"/> Functional <input type="checkbox"/> Living Arrangements <input type="checkbox"/> Hth Behaviour <input type="checkbox"/> Hth Condition <input type="checkbox"/> PsychoS <input type="checkbox"/> Funct Ax <input type="checkbox"/> ServCoord <input type="checkbox"/> Carer <input type="checkbox"/> Other_____					
Current Receipt Mechanisms	Phone	Fax	Self	eReferral	Letter	Other

Services to be considered for future rollout		Contact
Program / Service		
Program / Service		
Program / Service		
Program / Service		
Program / Service		
Program / Service		
Program / Service		

D.2 Referral Patterns

1. REFERRALS IN (highest to lowest)

Please include self referrals in Referral Source Column

Referral Source (Agency Name)	Type of referral (i.e. paper or electronic)	How many? (per week)

2. REFERRALS OUT (highest to lowest)

Referral Destination (Agency Name)	Type of referral (i.e. paper or electronic)	How many? (per week)

3. What is your turn around time for referral acknowledgement? (Referral acknowledgment procedures should match or exceed those in the Victorian Service Coordination Practice Manual)

Section E – Client Management Systems

1. What information management system/s does your agency currently use?

- | | | | |
|-----------------------------------|---|--|---|
| <input type="checkbox"/> Expedite | <input type="checkbox"/> Medical Director | <input type="checkbox"/> Quicksa | <input type="checkbox"/> The Care Manager |
| <input type="checkbox"/> ACE | <input type="checkbox"/> SWITCH | <input type="checkbox"/> Sharikat Khoo | <input type="checkbox"/> No System |
| <input type="checkbox"/> HACC PAC | <input type="checkbox"/> QDC | <input type="checkbox"/> Goldcare | <input type="checkbox"/> iPM (iSOFT) |
| <input type="checkbox"/> TrakCare | <input type="checkbox"/> Other (specify) | | |
-

2. Is this system SCTT compatible? (Does the system auto-populate to the SCTT?)

YES NO Not Applicable

3. If yes, what document format is the exported document?

- | | | | |
|-------------------------------|--------------------------------------|------------------------------|-----------------------------------|
| <input type="checkbox"/> DOC | <input type="checkbox"/> PDF | <input type="checkbox"/> RTF | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> HTML | <input type="checkbox"/> Other _____ | | |

1. Any other comments or issues regarding service coordination and the implementation of the eReferral System for your agency or your key referrers? Please add contact details for follow-up with key personnel

