

Lower Hume Primary Care Partnership

Name of your plan 2006–09

Deliverable 3: Service Coordination

October 2006

Primary Care Partnerships
Community Health Plan

Endorsed by PCP Chair:

Name: John Thompson

Signature:

Date:

Goal	Objective	Strategies/Interventions	Estimated Impact
<p>1. Implement the Better Access to Services (BATS) framework by progressing common practices, processes, protocols and systems for initial contact, initial needs identification, referral, assessment and care planning by member organisations.</p>	<p>Consolidate implementation of PPPS in member agencies</p> <p>Support priority agencies to improve use and quality of referrals and care planning</p> <p>Consolidate uptake and use of the current PPPS LH/GV PCPs' Manual</p> <p>Develop an evaluation framework to support implementation of the BATS framework</p>	<p>Develop change management strategy and plan to:</p> <ul style="list-style-type: none"> ▪ survey implementation by all agencies in catchment and set benchmark ▪ engage agencies according to SC readiness and barriers to implementation ▪ identify priority agencies e.g. acute, drug and alcohol, mental health, general practitioners ▪ identify priority areas for agency/service groupings ▪ develop training strategy based on PPPS Manual ▪ develop appropriate approaches to support implementation e.g. buddy partnering, linkages, advocacy etc. ▪ evaluate change management activities against benchmark ▪ evaluate candidate evaluation approaches, e.g. QIPPS, and select preferred solution 	<p>Survey developed and completed by February 2007</p> <p>Evaluation framework, benchmarks, KPIs agreed on by March 2007</p> <p>All health service agencies engaged and be included in a PCP SC implementation plan by March 2007</p> <p>All agencies implementation of BATS framework is progressively evaluated against benchmark (ongoing)</p> <p>By 2009 all health service agencies in catchment will include a SC implementation plan as part of their business plan as appropriate</p>
<p>2. Improve communication about clients (especially those with chronic disease and complex needs) with general practice, leading to more active GP participation with other service providers involved in the client's care.</p>	<p>Develop communication strategy to engage general practitioners, practice managers and nurses in use of referral and care planning PPPS:</p> <ul style="list-style-type: none"> ▪ referrals/care plans ▪ feedback/acknowledgment processes ▪ full and quality information to support these processes 	<p>Facilitate information and workshop sessions on PPPS/BATS framework to champion GPs, practice managers and nurses</p> <p>Develop service agency/GP referral protocol to support quality feedback and acknowledgement processes</p>	<p>% of general practitioners using VSRF against current benchmark (say 10%)</p> <p>% of GPs using MBS items in team management/care plans</p> <p>Audit of care plans conforms to PCP benchmarks and best practice</p>

	Collaborate with ICDM initiative to improve communication with general practice	Workshops to identify improvements in ICDM communication between GP practice – primary health care agencies Conduct “what is CDM and care planning” forums for all member agencies	Pre and post workshop/forum sessions indicate an improvement in knowledge and understanding of CDM and care planning
3. Successful implementation of the Victorian Service Coordination Practice Manual and subsequent versions of the Service Coordination Tool Templates.	Member agencies to contribute to development of the Victorian Service Coordination Practice Manual Support member agencies in the use of final version of the Victorian Service Coordination Practice Manual, in collaboration with Goulburn Valley PCP Implement latest versions of the SCTT	Participate in the ongoing consultation process to ensure State-wide PPPS meets collective agency requirements Develop an implementation process for the new Victorian Service Coordination Practice Manual Ensure agency and practitioner have access to training for each new revised version of the SCTT Identify agencies who have not implemented latest version and support its uptake/use	Member agencies participate in consultation process All agencies have access to the Victorian Service Coordination Practice Manual by June 2009 All agencies currently using SCTT to implement new version by June 2007
4. Change management support for implementation of e-referral.	E-referral system implemented in Lower Hume PCP for all members agencies and with a focus on: <ul style="list-style-type: none"> ▪ acute/sub-acute services ▪ GP practices ▪ IM procedures, practice and 	Member agencies participate in the e-referral evaluation and selection process Develop and implement an e-referral change management strategy comprising: <ul style="list-style-type: none"> ▪ e-referral readiness i.e. technological 	Strong member agency representation on Hume Region E-Referral Subcommittee E-referral strategy developed and endorsed by all member agencies: <ul style="list-style-type: none"> ▪ e-referral readiness identified by

	<p>processes</p>	<p>and service co-ordination readiness</p> <ul style="list-style-type: none"> ▪ resources especially a change manager or 'champion' for each agency ▪ business practice and policy changes e.g. restructuring intake and supporting policies, information management practices ▪ agency based support personnel for implementing and maintaining e-referral systems ▪ e-referral interagency protocol ▪ training and development for intake/service delivery staff using e-referral 	<p>February 2007</p> <ul style="list-style-type: none"> ▪ phased implementation – with 80% of key agencies by 2009 <p>E-referral implementation monitored through the evaluation framework</p>
<p>5. Improved amount and accuracy of information to support referral through the Human Services Directory.</p>	<p>Reach agreement by agencies on mechanism for content and quality management of their service information in the Human Services Directory</p>	<p>promote benefits of use of HSD and need for quality, comprehensive and timely updates to service information</p> <p>identify/clarify roles and responsibilities for content management</p> <p>identify training requirements</p> <p>agree on quality, comprehensiveness and regularity of updates</p>	<p>Content management arrangements for updating HSD agreed on</p> <p>Training provided</p> <p>Agency update cycles agreed to and integrated into SC evaluation reporting</p>