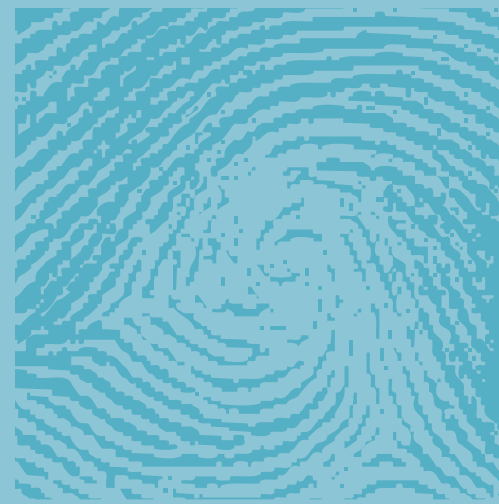


Making it work—improving access to services for clients in community health



As part of the broader Primary Care Partnerships agenda, service coordination reform aims to place consumers at the centre of service delivery—ensuring that they have access to the services they need, opportunities for early intervention and health promotion and improved health outcomes.

Community health services across the state are realising these aims by changing the way they do business. Agencies that have successfully implemented service coordination understand that using the tool templates is one part of service coordination, but examining and modifying current practice is equally important. In fact, full implementation of service coordination requires major revision of client intake processes, including eligibility and risk assessment criteria, an examination of referral mechanisms and a systematic approach to the management of waiting lists.

Many community health services that have made these changes have found the journey demanding but are now enjoying the benefits that improved coordination of services can bring. Outcomes cited by these agencies include:

- more time for service delivery
- better management of waiting lists
- early identification of clients needs
- clients are better informed about services
- clients receive service according to need
- more cross-discipline and/or cross-program work
- clearer roles for reception staff
- a faster response to clients seeking services.

This resource tells the stories of some of these community health services. The first part describes the model of service coordination introduced by the agencies, including what they have achieved and also some of the difficult issues they have had to deal with. The second part talks about the change process and the lessons they have learnt along the way.

I would like to thank the representatives from the agencies that generously contributed to this resource, Ballarat Health Services, Banyule Community Health Service, Bass Coast Health Service, Nillumbik Health Service and Whitehorse Community Health Service. I trust you will find the information useful as I have to gain an understanding of the challenges and benefits of implementing Service Coordination.

Tracey Slatter
A/Director
Primary and Community Health

Spotlight on....

Banyule Community Health Service

The introduction and implementation of the intake system has taken longer than expected but is now working well. Programs currently running through the intake system include dietetics, physiotherapy, community nursing, community midwifery, diabetes education, counselling/casework, podiatry, speech pathology and occupational therapy. Other programs soon to be introduced into the intake system include occupational therapy, paediatric services, job placement employment and training (JPET), drug and alcohol counselling and financial counselling.

Ann Stock, Administration Manager, Banyule Community Health Service

About the agency

Banyule Community Health Service delivers services from three sites (West Heidelberg, Greensborough and Coburg) and employs about 125 staff into 87 full-time positions. Services include clinic nursing, community nursing, community midwifery, allied health services, counselling and community development, family planning, FARREP (Family and Reproductive Rights Education Program) duty and emergency relief service, financial counselling, gamblers help, drug and alcohol counselling, a general practice, community dental, Hospital Admission Risk Program, youth accommodation and support and job placement employment and training (JPET). In addition, there is a range of co-located services at the service, such as Centrelink, primary mental health services, West Heidelberg Legal Service and Transitional Housing.

What changes have been made to the way clients access your service since introducing service coordination?

Previously, intake was performed by each individual service. In some cases, such as podiatry, clients would be given the next available appointment. Clients experienced various levels of service according to availability of staff within each service. More significantly, there was no consistency of assessment and prioritisation of clients across the services.

Banyule Community Health Service now operates a centralised intake service across two sites, West Heidelberg and Greensborough. Staffed by qualified nurse/social workers, intake is available from 9 am to 5 pm Monday to Friday. When a request for a service is received, reception staff determine whether the client needs to speak to the intake worker by completing the Reception Intake Screening Checklist.

Clients requesting services are directed to the intake service if they are a new client or require a new episode of care for a particular discipline. Referrals are received by telephone, letter-based, fax or through the Banyule Community Health Service's website from consumers, service providers, GPs, hospitals and other organisations. These referrals are now sent directly to intake.

The intake worker then commences an initial needs identification using the appropriate discipline specific intake screening risk assessment tools and completing the service coordination tool. From this information, priority for the service is determined.

If an urgent service is required, an appointment is made and the service provider can access the completed service co-ordination tool from their workstation. Each health professional has time-slots specifically allocated for emergency appointments.

If a non-urgent service is required, the client is offered a place on a waiting list and options and alternatives are explained. Completed service coordination tools are then stored within the SWITCH data base and accessed when clients present, in person, to the health centre.

When referring a client to another service, the relevant service coordination tool templates are completed and faxed to the service or if urgent, a telephone call is made as well. The service provider now has immediate access to the reason for referral and other information that may impact on the client treatment or provision of information through the service co-ordination tool and templates. This is an important change as referrals received from other agencies in the past may have had minimal information, which did not assist early assessment and treatment of clients.

The new service coordination tool, as it is being implemented, has improved the quality of the information received. In addition, the Nillumbik Banyule Primary Care Partnership (PCP) has introduced three fax referral forms: Referral Cover Sheet, Acknowledgement and Assessment Outcome. These forms have been extremely successful in ensuring that referrals are responded to appropriately and providing feedback to the referring source on outcomes. Our agency is also using these forms for internal referrals.

What outcomes have been achieved?

- A streamlined and seamless intake service for clients, service providers and GPs.
- The intake service has clear entry points and referral pathways.
- Intake is simple to navigate, transparent and consistently applied.
- Service coordination, including intake, has been given a priority focus within the agency.
- Improved identification of clients' needs and prioritisation of access at the earliest point of contact.
- Protocols and guidelines for the intake service.

Any unexpected outcomes?

- Improved electronic waiting list management (some services did not use waiting lists previously).
- Improved knowledge between providers/agencies of referral pathways and service coordination.
- Increased knowledge of service demand by clients.
- Better procedures to facilitate 'walk in' clients.
- Greater sensitivity to cultural and linguistic diversity.

What have been the most difficult aspects of implementing service coordination?

- The trust of some service providers in the ability of intake staff to perform a comprehensive risk assessment on clients for their services.
- Difficulties with the service coordination tools have been 'electronic unavailability' resulting in storage issues and problems with duplication.
- It is important that as many agencies as possible use the service coordination tools in order to reduce the workload for each agency. Currently we create far more service coordination tools than we receive. This has increased the workload. The more agencies that use the service coordination tool, the greater the consistency will be and the greater the likelihood of reduced workload.
- Although some profiles are useful, there is inconsistent uptake of their use as this is left to each service provider's discretion.

Spotlight on...

Ballarat Health Services

‘Service co-ordination’ in the end is simply about identifying and documenting the best practice elements of our work, to ensure these are applied consistently. At the same time, identifying practice that requires improvement and developing protocols and procedures will support and guide that improvement.

A ‘service co-ordination model’ is just a tool to assist and guide us in identifying and applying good practice. While a model will provide a consistent broad framework, actual implementation must be flexible enough to also respond to local and agency needs—and underlying everything is education and training of staff in excellent customer service.

Robyn Reeves, Manager Community Programs, Ballarat Health Services

About the agency

Ballarat Health Services is a large regional health service that has more than 2,500 employees and delivers acute, sub-acute and community programs. The community programs team has an EFT between 50–60 and delivers services funded through both state and Commonwealth governments. These include Hospital in the Home, Post Acute Care (PAC), Rehabilitation in the Home, Victorian Ambulatory Care Scheme, community rehabilitation, Aged Care Assessment Service, Carers Choice, Linkages, Home and Community Care and Community Health Program funded allied health, Hospital to Home, and several clinics, including Continence Clinic and the Cognitive Dementia and Memory Service.

What changes have been made to the way clients access your service since introducing service coordination?

Since the introduction of the service coordination tool templates, all community programs are using the forms to collect client referral information both internally and externally. Implementation of the tool templates was simultaneous across some of the core service providers, after a decision was reached by these agencies that in order to successfully implement the tools it needed to be a joint requirement. Letters were exchanged between service providers and also forwarded to other agencies informing them that client referrals would only be accepted on the tool templates after a certain date. They are now used regularly and consistently for inter-agency referral, in some cases including across PCP boundaries.

In addition, several service coordination initiatives are being undertaken simultaneously. One pilot initiative involves several service providers and will deliver a single out of hours contact service across the municipality. Currently a number of local service providers have staff on call overnight and on weekends to provide a contact point for service clients and on duty staff. The trial will test the viability of having dedicated evening and weekend coordinators who will provide support and backup for staff of a range of agencies and their clients and carers.

The out of hours pilot has been developed in consultation with a number of providers, and the actual trial will include PAC, Linkages, Carers Choice, and City of Ballarat services.

The majority of calls to these services after hours currently relate to high needs clients, often the frail aged. An analysis of after hours calls was undertaken and it was discovered that many calls were between services to coordinate care. It was seen that introducing a centralised system would improve coordination as well as reduce the number of people required to be on call. In addition, there is a call for access to PAC over weekends, and this trial will also see the after hours staff working from the hospital at weekends to provide weekend access to the PAC program.

The pilot will employ two people to undertake the out of hours coordination role. As well as dealing with out of hours calls from staff or clients, workers will provide access to PAC services for hospital staff on weekends. To ensure good communication between the workers and the week day program staff, workers will attend case allocation meetings and be available for handover and other commitments during the week.

A second initiative will result in better coordination amongst the different computer software systems in use in the health service. The service coordination tool templates as well as other frequently used forms (for example Department of Human Services Disability Special Needs Register forms), hospital forms and specialist referrals will be available on a referral information system that will interface with the central patient management system of the health service. Whenever one of the forms, including the service coordination tool templates, is used the system will populate the form with any relevant data already held by the health service. This will allow for use of the tools in a much more efficient electronic, rather than paper-based, manner.

What outcomes have been achieved?

- The service coordination tool templates are being used for referral across the service and municipality.
- The quality of referrals will be improved by the development of the Referral Information Management System. This program will be installed in computers across the health service and will ensure the appropriate form is generated and fields are populated when a referral is required.
- The capacity for secure e-referral will be supported by these developments, and by an internal service coordination manual under development.
- Increased awareness of the need for a continuing focus on consumer engagement and consumer-driven decision making—which lies at the basis of all service coordination work.

What have been the most difficult aspects of implementing service coordination?

The forms have been problematic because they are not available electronically and are too “busy”. When the forms are available electronically and are able to be emailed they will be a useful tool.

Spotlight on...**Bass Coast Community Health Service**

I saw an older lady who had contacted the service seeking podiatry services but when I sat her down in a quiet place to talk, she opened up and disclosed that she was depressed. It would be unlikely that this would happen if she simply made the appointment at the front desk.

Lesley Edwards, Manager, Mental Health, Youth, Drug and Alcohol

About the agency

Employing 50 people, Bass Coast Community Health Service delivers a range of primary health services including community health nursing, diabetes education, dietetics, district nursing, home-based palliative care, emergency relief, casework/counselling, health promotion, maternal and child health nursing, mental health support program, occupational therapy, physiotherapy and podiatry. As its catchment does not include a major regional centre, Bass Coast Community Health Service operates from five small sites—San Remo, Cowes, Corinella, Inverloch and the new site at Wonthaggi.

What changes have been made to the way clients access the service since service coordination has been introduced?

A centralised intake system operates between 9 am to 5 pm from the San Remo site and responds to enquiries from clients put through via administration staff, support staff and health workers. Intake is staffed through a duty roster system and the primary goal of this position is to assist clients to identify and gain access to the range of services they require. Calls may be put through from other sites or, if a client presents in person at another site, they will be connected to the intake worker via telephone from the duty room.

Once the client has accessed intake, the worker then assumes the role of case manager for the client until the service provider sees them. In this role, the intake worker acts as the key contact for the client and provides secondary consultation to the other workers involved. In addition, the intake worker ensures that the client gains access to other services as required within the community health service and ensures that services are received in a timely and appropriate manner.

If a service is required, the intake worker sends the form through to the appropriate discipline/program and, at the same time, forwards a letter to the client that explains how their service request will be expedited. Included with the letter is information about the specific service they have requested, the range of services provided by the health service and policies on confidentiality, fees, client rights and responsibilities. If possible, the letter also includes details about the appointment. If the intake worker cannot make the appointment immediately, the client will be notified of the appointment or their position on a waiting list within five working days.

What outcomes have been achieved?

- This system has improved the experience for clients through the development of a centralised appointment system, a faster response time to enquiries as well as early identification of needs.
- In addition, improved privacy and more exhaustive screening process have led to many clients identifying needs they had not previously disclosed.

Any unexpected outcomes?

- The most striking secondary outcome has been the cross-fertilisation between disciplines. The increase in knowledge amongst workers regarding what each other does has been of huge benefit. This has led to improved service provision because of the holistic approach.

I always tried to be sensitive to client needs but now I provide a true holistic service.

If I see a client with alcohol issues, I look for related problems that might benefit from the input of another worker, such as poor circulation caused by peripheral vascular disease which may signal foot problems.

Drug and Alcohol Worker, Bass Coast Community Health Service

Previously appointments were made in a variety of ways. The reception staff made appointments for physiotherapy and podiatry whilst most counselling staff made their own. This meant the client often had to speak to the service provider before they could even get an appointment. As service providers are often difficult to catch, making an appointment could take some time and result in frustrated clients.

Getting a centralised appointment system was not easy as many people were quite protective of their diaries. It was decided to use the SWITCH appointment system and the person responsible for entering the statistics (Melissa) championed this. Melissa worked with staff to assist them to understand the process of making appointments using SWITCH as well as helping them understand the benefits (such as less time spent in administration and more time for service delivery). This has had a great outcome with many of the service providers who were originally reluctant to be involved now firmly supporting a centralised appointment system.

Although all workers recognised that their clients would benefit from the expertise of other disciplines, this was difficult to establish. Now the alcohol and drug therapeutic group has involvement from the dietician, physiotherapist and occupational therapist.

What have been the most difficult aspects of implementing service coordination?

- Some clients have expressed that they found the new intake process a bit frustrating as they had to see someone else when all they wanted was an appointment with a specific service provider. These complaints are few though and most clients prefer this system.
- The delay in getting the form electronically has been a burden.

Spotlight on...**Nillumbik Community Health Service**

A major aim of the Community Health Service management is to reduce silos amongst service providers. Joint planning and coordinated service delivery is a priority and this is realised through service coordination, joint health promotion planning and other activities such as sharing students.

Mary-Lou Proppe, Manager Primary Health, Community Health

About the agency

Nillumbik Community Health employs around 102 people or 55 EFT and delivers a range of primary health services across two sites at Eltham and Rosanna. Allied health services available at Eltham include dietetics, occupational therapy, physiotherapy, podiatry and speech pathology. Community health nursing and counselling, including drug and alcohol, are offered as well as the community dental program, school dental program, needle and syringe exchange, maternal and child health nursing, plus a daily planned activity group (PAG) session including weekends. There is also a youth and family program and Nillumbik Community Health is a participant provider in a Hospital Admission Risk Program. The Rosanna site houses two disability case management programs.

How has the way clients access the system changed?

Nillumbik Community Health offers an intake service co-ordination response service daily with 2 staff members making up a full time equivalent. The screening process begins at reception where clients are asked several questions aimed at streamlining clients to service co-ordination. Reception staff may redirect clients to another service at this point if it is appropriate.

Once referred to the service co-ordination service, the service co-ordinator undertakes an initial needs identification process and assesses urgency for service through agreed discipline-specific risk assessment questions. According to need, an appointment is made or the client is placed on the waiting list. The service co-ordinator is also aware of how the service likes to organise appointments, such as when new clients are seen and the length of appointment time. Once the client is registered and the initial needs identification process has been undertaken, the client is allocated a priority rating. The completed initial needs identification forms are then stored in each program's intake and allocation folder where they can be accessed by the health professional at the time of the appointment. Although many queries result simply in an appointment being made, often the process is more complicated and it is estimated that the average initial needs identification process including internal and/or external referral takes between 45 to 60 minutes.

What outcomes have been achieved?

- Freeing up service delivery staff from intake has meant more time for service delivery.
- Developing a service coordination system for Nillumbik Community Health has led to better communication between programs through processes such as the working group, setting up of protocols and also through health promotion activity. This has led to better work and better outcomes for clients.
- Clients queries are now responded to more quickly.
- Waiting list practices have been streamlined for some lone practitioners.

Any unexpected outcomes?

- Staff were surprised at the amount of time saved by a centralised intake system.
- The key role of reception in guiding clients appropriately through the system was highlighted. Surprisingly, reception workload has decreased because previously they had done all the client registration whereas now service co-ordination often undertakes this and in addition, each health professional has also learnt how to register a client.
- The fact that staff have remained enthusiastic regarding the roll out of the primary health reform and the implementation of a service coordination program especially when they are overwhelmed with other work.

What has been the most difficult aspect of implementing service coordination?

- There has been a lack of clarity from the Department of Human Services around forms, such as when to use profiles and who uses them and the guidelines released by the department regarding the tool templates are too generalist and repetitive.

Spotlight on...**Whitehorse Community Health Service**

This system provides a much improved response time for clients and ensures they are directed to the most appropriate services. If they are not eligible for services provided by Whitehorse Community Health Service (WCHS), other options are discussed and a referral can be made on their behalf. The greatest benefit of a service coordination team that is staffed by appropriately trained people is their ability to conduct 'need and risk assessments' in a timely manner then assist clients to access services that will meet these needs.

Ruth Azzopardi, Client Services Manager, Whitehorse Community Health Service

About the agency

Whitehorse Community Health Service employs approximately 50 staff and currently runs from two sites, although these are to be consolidated at Box Hill later this year. Whitehorse Community Health Service is funded by four major Department of Human Services programs—Community Health, Drug Services, Home and Community Care, and Dental Health.

Services provided include community health nursing, allied health (dietetics, physiotherapy, podiatry, speech pathology, counselling, occupational therapy), needle and syringe exchange and community dental services. Whitehorse Community Health Service also has a specialist paediatric team that provides speech pathology, occupational therapy and psychology.

How has the way clients access the service changed since the introduction of service coordination?

WCHS has a centralised intake service staffed by 1.7 EFT of social workers. All clients who request a service go through the intake system. The intake worker undertakes the initial needs identification process and enters the information electronically into the service coordination tool templates. Clients are not registered at this stage and are entered on SWITCH as a casual client. Service coordination profiles are completed as dictated by the relevant service type and according to the discretion of the intake worker, based on the presenting issues and needs.

A major role of the intake worker is to assess the additional needs of the client and also determine their priority for service. Discipline-specific risk assessment criteria have been developed for this purpose.

Clients requiring a service from WCHS following intake are either put on a waiting list or provided with an appointment, depending on the service type. Verbal consent is obtained over the phone to forward their information to the appropriate service provider and the forms are then placed in a folder according to their priority for service. A letter and information booklet is forwarded to all new clients outlining their appointment or how long they can expect to wait for a service, whichever is appropriate. This letter also requests that the client contact the service if their situation changes. If a client recontacts the service, they then undergo the initial needs identification process again.

At the first appointment the client is registered and the written consent is obtained.

If the client requires an external referral, the intake worker can undertake this on their behalf. Navigation of the health system is seen as a primary function of the intake system.

What outcomes have been achieved?

- All clients seeking services are contacted by the agency within 24–48 hours of speaking to the service.
- Clients are approached in a more holistic manner in that their needs are identified early and responded to appropriately.
- Care is now better coordinated, meaning that if a client requires multiple services, they can be prioritised so that services are provided around the same time. This facilitates multidisciplinary care planning. They are delivered in a more coordinated fashion improving both the experience and the outcome for the client.
- We have more time for service delivery. The audit of previous intake processes indicated that the equivalent of two EFT was being spent on intake. Since the introduction of a more streamlined service, only 1.7 EFT is required.

Any unexpected outcomes?

- The management of our waiting lists has improved. As well as standardising the way lists are maintained, other innovative approaches has meant a reduction in some cases. (see example below)

The podiatry service at WCHS is extremely busy with approximately 70 calls per week from people seeking service. In line with best practice in public podiatry, the podiatry service is available only to those with a medical condition and not just for nail cutting. This often means that people who call about an appointment are not eligible for service.

Prior to the introduction of service coordination, the podiatrist would need to speak to the person seeking a service to determine eligibility. The volume of enquiries meant that people often did not get to speak to the podiatrist for many weeks. When the call was returned it was often to tell people they were not eligible for the service anyway. Understandably, many people were displeased with this and many complaints to the manager resulted.

Since introducing service coordination, potential clients are responded to within 24 hours and those who are ineligible are given options, such as other podiatry providers and health education opportunities. In addition, the waiting time for eligible clients has reduced from three months to 6–8 weeks.

What has been the most difficult aspect of implementing service coordination?

- Working out the boundaries around initial contact, versus initial needs identification versus service specific assessment. There is often some blurring which needs to be sorted to ensure process is undertaken effectively and efficiently.
- Structuring the intake position to provide job satisfaction is another challenge. The nature of the position is intense as it involves working over the telephone with people who require a sensitive and emphatic approach. We have addressed this by breaking the 1.7 EFT in three positions and job sharing.
- Part of getting the intake position working well is to ensure the recruitment of appropriate people. This is often complex as a highly skilled individual is required even though much of the role is routine. One way to ensure appropriate applicants when filling this position is to accurately reflect the role in job descriptions.

An overview of implementing change

How the change was supported

Although these agencies all approached service coordination in different ways, common themes emerge, particularly when looking at how the service coordination changes were supported.

An analysis of these agencies reveals all were able to drive and maintain the changes required to implement service coordination because the transition was carefully planned and managed. All of the agencies profiled demonstrated the following in their approach to introducing service coordination:

- management making service coordination a priority and driving the process,
- comprehensive change management throughout the process,
- a detailed examination of existing intake processes, appointment making and waiting list management prior to the introduction of a service coordination system,
- a systematic approach to implementation of service coordination,
- health professionals from different programs working together,
- ensuring intake was staffed by appropriately qualified people and
- ongoing PCP support.

Drawing on these themes, the following quotes from different agencies provide insight into the implementation of service coordination:

A management-driven process

‘We did a needs analysis as part of the strategic planning process that was initiated when I started here two years ago. This indicated that there was a real need to improve the coordination of client services.’

Ben Leigh, CEO, Bass Coast Community Health Service

‘A major aim of management is to reduce the silos amongst service providers. Joint planning and coordinated service delivery is a priority and this is realised through service coordination, joint health promotion planning and other activities such as sharing students.’

Mary-Lou Proppe, Manager, Primary Health, Nillumbik Community Health Service

‘The implementation of service coordination at Whitehorse CHC has been driven by management. This is vital to successful implementation because only through management commitment can the necessary time and resources be provided to really change the way you do business.’

Ruth Azzopardi, Client Service Manager, Whitehorse Community Health Service

Comprehensive change management

‘A staff working party representing most disciplines was set up at the beginning of the process. Its role included the audit of current practice, research into possible models and generally overseeing the implementation. As part of the research into potential models, the working group organised guest speakers from other services and conducted brainstorming sessions. The audit of current intake and waiting list management processes created a powerful tool leading to all staff agreeing to the need for change.’

Ruth Azzopardi, Client Service Manager, Whitehorse Community Health Service

‘Change management was a major consideration as many of the staff had been employed by the service in excess of 20 years. Ensuring that staff saw the need for change and were supported through it was vital to the success of the reform.’

The idea of a new way of managing clients at entry to the service was first introduced to a full staff meeting. Following this, an advisory committee was convened that comprised representatives from different disciplines. In addition to this, management met individually with the different teams to address their questions’.

Ben Leigh, CEO, Bass Coast Community Health Service

‘There has been a multifaceted approach to involving staff in service coordination from the beginning. This includes the circulating of a newsletter informing them of latest developments and the regular convening of a working group. Unfortunately, the momentum has been interrupted by a changeover of intake staff but even without this interruption, the process has been an extended one due to the need to engage diverse audiences.’

Mary-Lou Proppe, Manager, Primary Health, Nillumbik Community Health Service

‘We phased in service coordination which meant problems could be ironed out as they arose. As part of our change management, we had a working party with a dynamic membership. The program/discipline that was currently being brought onto intake was represented. Once this program/discipline was operating well through the intake system, representatives from the next program to be included in intake were brought onto the working group. The first program remained on the working group until the third program/discipline commenced the intake process. This ensured that each discipline could learn from the experience of other programs that had already gone through the process.’

Ann Stock, Administration Manager, Banyule Community Health Service

‘As each program came onto intake, appointments for service delivery were increased by 15 minutes to allow for the additional time required to complete forms and obtain written consent. As the intake worker and the health professionals have become more proficient in the use of the tools, this extra time is no longer required.’

Ann Stock, Administration Manager, Banyule Community Health Service

‘There was a deliberate decision for the intake worker not to be a member of any particular team so as to encourage ownership amongst all the health professionals. Another strategy was to ensure administration staff were included in training and working groups as their role is pivotal to the success of service coordination measures.’

Ann Stock, Administration Manager, Banyule Community Health Service

‘Careful change management was required because this was a major change to the way the agency had operated and involved most staff operating in new and challenging roles. In addition to the involvement of staff from the beginning and the workforce development activities outlined earlier, other supports were put in place for staff. This included Health Promoting Workplace activities that assisted staff to deal with the changes. Activities included staff reflecting on their workplace and initiating solutions to deal with issues causing them stress. This provided a forum for staff to explore their reaction to the changes taking place. In addition, a regular group debriefing session is available for staff to attend.

Although the process has been difficult, all agree that the result has been beneficial, with most staff being willing participants in change, prepared to work through issues in a constructive way.

Because all staff share intake, a real team atmosphere has been created. Staff support each other and have introduced schemes to reward collegiality and inject some fun, such as an intake worker of the week reward.’

Lesley Edwards, Manager, Drug and Alcohol, Youth and Mental Health Bass Coast Community Health Service

‘Through assessing workforce development needs it was determined that training should focus on improving knowledge about service coordination generally as well as looking at specific issues related to delivering the intake service. This included training in emergency relief program, SWITCH refresher training, exploring the responsibilities and boundaries of the intake worker, working with challenging behaviours, the role of service providers, service directory use and needle exchange program.’

Lesley Edwards, Manager, Drug and Alcohol, Youth and Mental Health, Bass Coast Community Health Service

‘Once all staff had attended training, the intake system was introduced. Many staff found it difficult at first and forums for ongoing information sharing and debriefing were provided. Attendance at these sessions is optional and as intake becomes established, less staff are feeling the need to attend’.

Lesley Edwards, Manager, Drug and Alcohol, Youth and Mental Health Bass Coast Community Health Service

‘We worked closely with staff on the ward to assist them to use the Service Coordination forms when referring clients. The aim was to introduce minimal change to their practice. We agreed to use the ‘bradma’ label to provide the majority of the information with ward staff completing only the next of kin and presenting problems sections.’

Robyn Reeves, Manager, Community Programs, Ballarat Health Services

Examination of current practice

‘A broad intake audit was undertaken, which included how many hours each health professional was spending on intake and how many calls were taken. Furthermore, assessing waiting list management revealed a range of practices that were not always effective and lacked a system. Most surprisingly, investigations into the former intake process revealed that approximately 80 hours per week was spent on intake across the service, that is, two EFT.’

Ruth Azzopardi, Client Service Manager, Whitehorse Community Health Service

‘I undertook an extensive mapping operation of current intake processes. This showed that there were many different ways for people to access the service with some health professionals having appointments made by reception whilst others made their own. This meant making appointments could take clients several phone calls, a lot of time and often some frustration.’

Lesley Edwards, Manager, Drug and Alcohol, Youth and Mental Health Bass Coast Community Health Service

‘An analysis of after hours calls (to on call services) was undertaken and it was discovered that many calls were between services to coordinate care. It was seen that introducing a centralised system would improve coordination as well as reduce the number of people required to be on call.’

Robyn Reeves, Manager Community Programs, Ballarat Health Services

‘An audit was undertaken that examined how people came into the service and how they accessed services. We assessed which service types had the highest demand and also looked at response times to client enquiries. Identifying the different intake processes revealed disparate approaches to the information that was collected from clients at intake as well as how priority for service was determined. In addition, it was revealed that there was no agreed method for maintaining waiting lists. This led us to standardise how lists are maintained as well as think of other innovative ways to reduce waiting lists—these are now being trialled.’

Mary-Lou Proppe, Manager, Primary Health, Nillumbik Community Health Service

‘There was little knowledge in the organisation regarding intake activity prior to the move towards service coordination. An extensive audit revealed that each discipline undertook intake in a variety of ways. There were different criteria to determine priority and these were not always documented and therefore not very consistent. Furthermore, there was no consistent approach to waiting lists and as each worker maintained their own list, there was no centralised system.’

Ann Stock, Administration Manager, Banyule Community Health Service

Finding the appropriate model

‘The working party investigated a range of models. Guest speakers from other agencies that had introduced different ways of coordinating services visited us. These included services that had a rostered duty system as well as dedicated intake workers.’

After examining different models, it was decided to employ an intake worker at 1 EFT with the idea of increasing this to 1.7 EFT as more programs came on board.

It was decided that having dedicated intake positions would be the best model for determining the initial needs of WCHS clients. The intake workers quickly developed an expert knowledge of the local service system, which ensures appropriate referral both internally and externally for WCHS clients. This ability to help clients find and access the health service that they need is a major aim of our intake service.’

Ruth Azzopardi, Client Service Manager, Whitehorse Community Health Service

‘We decided that a single intake system across all sites was required. We then investigated different ways of achieving this by looking at other agencies. A model was proposed that was considered a work in progress in that it has been modified as we have learnt more about how it works for us. We originally proposed a duty roster system because we didn’t have the resources for a dedicated intake position but now we think it is a much better way for us. We know a lot more about how everyone else works and it has raised our sensitivity to the different needs of clients.’

Lesley Edwards, Manager, Drug and Alcohol, Youth and Mental Health, Bass Coast Community Health Service

‘It was decided that a dedicated intake worker would be the best model for this organisation. This person’s role was to assist people seeking services to navigate not just the services of Nillumbik Community Health Service but the health system more generally. In order to ensure the intake worker was able to focus on core tasks, a back up counselling duty system was put into place where a member of the counselling team would always be available to speak to distressed clients.’

Mary-Lou Proppe, Manager, Primary Health, Eltham Community Health Service

Improved cross-program work

‘Care is now better coordinated, meaning that if a client requires multiple services, these are delivered in a more coordinated fashion improving both the experience and the outcome for the client.’

Ruth Azzopardi, Client Service Manager, Whitehorse Community Health Service

‘The most striking secondary outcome has been the cross-fertilisation between disciplines. Staff are more connected because now 20 people share a role. Although we thought we worked holistically in the past, we now have a model through which to work. I feel we were previously guilty of multidisciplinary rhetoric but this makes the rhetoric real.’

Ben Leigh, CEO, Bass Coast Community Health Service

‘Each discipline developed criteria for determining priority for service and also risk assessment questions for the intake worker. The intake worker continues to work closely with the other health professionals to adapt the questions to ensure they are drawing out the desired information from clients, therefore resulting in timely receipt of services.’

Mary-Lou Proppe, Manager, Primary Health, Eltham Community Health Service

Using an appropriately skilled intake worker

‘Recruiting the right people for the intake position is often complex as a highly skilled individual is required even though some of the role is routine. A proportion of the intake activity is administrative, such as forwarding letters, arranging appointments and managing waiting lists. Ensuring appropriate applicants for intake positions through presenting a realistic picture of the job through getting the advertising and job descriptions right is important in retaining staff.’

Ruth Azzopardi, Client Service Manager, Whitehorse Community Health Service

‘All health professional staff who undertake assessment as part of their work are rostered onto intake. Twenty staff are rostered on over the fortnight.’

Staff were surveyed to assess what skills they believe were required to undertake intake. Training needs were identified this way and appropriate training provided.’

Ben Leigh, CEO, Bass Coast Community Health Service

‘We employ a social worker with previous case management experience. In addition to providing intake services between 9 am and 1 pm daily, the intake worker is also responsible for implementing service coordination. This includes convening the working group, attending case allocation meetings, leading local service coordination networks and rolling out programs as service coordination is phased in. It is planned that eventually this position will also take on responsibility for the maintenance of data standards and data entry.’

Mary-Lou Proppe, Manager, Primary Health, Nillumbik Community Health Service

Monitoring and review

‘We are keen to evaluate the client’s experience of improved service coordination. We plan to do this by asking clients at the time of initial needs identification if they agree to be followed up by the service to assess satisfaction with their interaction with the service. This will allow us to assess whether service coordination has had a positive impact on the way the client not just enters the system but is navigated through it.’

Mary-Lou Proppe, Manager, Primary Health, Nillumbik Community Health Service

In conclusion

The stories told by these providers paint a picture of a challenging journey, which is now delivering benefits. Through their reflections, we learn from these agencies of the need to drive the implementation from the top and the importance of comprehensive change management. Although they have taken different routes to reach this point, all of these agencies believe that they have improved the experience for their clients, that services are now delivered according to need and that they are saving time by streamlining intake services.

Through reading these stories we gain great insight into how a particular agency tackled a major change to their business. Sharing learnings leads to good practice and the Community Health Program within the Department of Human Services plans to further support this work through workforce development activities.

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