

Evaluation of the process to revise the Service Coordination Tool Templates

October 2006

Background

Service Coordination is a key element of the Primary Care Partnerships (PCP) Strategy, which was introduced in 2000 to develop a more effective primary care system in Victoria. The Service Coordination Tool Templates (SCTT) is a data set that was developed to facilitate effective Service Coordination. The SCTT enables agencies to record and share client information in a consistent way, undertake initial needs identification (INI), make referrals and document client consent to share information between providers.

In addition to the SCTT, a General Practitioner (GP) version, known as the Victorian Statewide Referral Form (VSRF), has been introduced into medical software. Other products were also developed to support the implementation of the SCTT such as the SCTT guidelines, the Self-paced Training module (SPTM) and Information Technology (IT) software products.

SCTT 2006 Revision Process

Why revise the SCTT?

Since the introduction of the SCTT in 2002, Service Coordination has become more sophisticated and a broader range of agencies now use the templates. As a result, it became necessary to revise the SCTT and the associated products to incorporate the practice needs of different practitioners. The aims of the revision were to address the needs of new program areas/client groups using the SCTT and seek suggestions from practitioner's experienced in using the templates on how best to use them.

Consultation and Governance

The SCTT revision commenced with a statewide submission process in April 2005. Suggestions were sought from practitioners, Department of Human Services (DHS) program areas, General Practice Division of Victoria (GPDV) and other organisations such as Carer's Victoria, on how to improve the SCTT. There were 99 sector submissions involving 800 participants and 1800 suggestions received as a result of this process. The proposed amendments and/or additions to the current tool templates were collated and assessed by a steering committee specifically convened for the SCTT revision.

The steering committee membership included practitioners nominated by PCPs, representatives from DHS program areas, DHS staff with information management/technology (IM/IT) experience and general practitioner representatives. The role of the steering committee was to recommend changes to the tool templates to assist the Project Board in their decision-making. The steering committee convened five times throughout the revision process to discuss and prioritise the changes for action according to assigned priority and the time required to action them. The steering committee then made recommendations to DHS as to how the templates should be amended.

In addition to the steering committee, a reference group (with representation from peak bodies and other interested parties) was convened to discuss and provide comment at key points throughout the project. The reference group met twice throughout the revision process and their recommended changes were fed into the steering committee for consideration. Comments were also sought from the DHS Service Coordination Implementation Group (SCIG) during the project. Working groups were convened as required for the revision, for example the IM/IT working group. The IM/IT working group met twice during the revision to provide expert advice on IT requirements and updates.

Testing the draft SCTT 2006

Changes to the tool templates, supported by the steering committee, were consulted upon at a practitioner workshop held in November 2005. The information gathered from the workshop informed further changes before a field test in December 2005. There were five PCPs with 22 representative agencies across the state that participated in the field test. The final draft SCTT were presented to the steering committee for comment before seeking final endorsement from the Project Board in February 2006.

Final SCTT 2006

The SCTT were made available to Client Information Management Systems software vendors in March 2006 and vendors were asked to embed the SCTT in their software applications to be ready for use by July 2006. The SCTT were also made available from 1 July 2006 to agencies for downloading from the web in read only format for paper based work and interactive word format for those agencies that did not have the templates embedded in their software but wanted to use the templates electronically.

There were a total of 110 changes implemented in SCTT 2006 including the development of two new templates, the Confidential Referral Cover Sheet and the Functional Assessment Summary. The overall changes reflect the high priority, most requested suggestions that could be implemented in the short term and the two new templates that could be developed in the short time frame.

As part of the SCTT 2006 revision the associated SCTT 2006 guidelines and Self Paced Training Manual are currently being updated to reflect the SCTT changes. The SCTT guidelines are also being revised and presented in a user-friendlier format for practitioners.

A range of resources have been produced or updated to support the implementation of SCTT in Client Information Management Systems. These include:

- SCTT 2006 Data Model and Data Dictionary
- SCTT 2006 Messaging Implementers Specification
- SCTT 2006 Functional Specifications

In parallel to the SCTT revision, the GP VSRF has been revised and updated in Medical Director software. A set of Functional Specifications for the inclusion of SCTT 2006 in other General Practice systems has also been produced.

Training for SCTT 2006

Information sessions covering the SCTT 2006 revision process and changes were delivered in all regions across the state during May and June 2006. Twenty-three sessions were provided with 1200 participants in total. A further session has been held at DHS Central Office (August) for those who missed the earlier sessions and it is planned to offer more sessions at later stages as the SCTT are fully embedded electronically in agency Client Information Management System software application.

SCTT 2006 Revision Evaluation

The steering committee were invited to evaluate the SCTT 2006 Revision process. The purpose of the evaluation was to gather feedback from the steering committee to inform the next revision process and the composition and role of the steering committee. An evaluation survey was provided electronically to all steering committee members seeking their feedback specifically on the:

- Process for convening the steering committee
- Steering committee terms of reference
- Revision process
- Meetings
- Priorities for the next revision

The steering committee convened to discuss the survey results and were encouraged to provide additional comments. Generally the feedback was positive and supportive of the revision process and suggestions were provided for future revisions.

It was agreed that the steering committee had played an important role in making sure the project met its objectives and that the steering committee should be maintained for the next revision cycle. It was stressed that it is important to have representation on the steering committee from the sectors likely to be impacted on by changes. In addition, many lessons have been learned through the first revision cycle and it is valuable to maintain some continuity of membership on the steering committee to represent that experience. Those currently on the steering committee were invited to participate in the next revision if they believed that they represented the work to be undertaken and they wanted to continue this role.

Steering Committee Suggestions

1. Process for convening the steering committee

While steering committee members agreed that the process to gather members was effective and had resulted in appropriate representation, it was suggested that representation should be broadened. The suggestions on how to achieve this were by:

- sending specific invites to PCPs to ensure major service types are represented,
- offer video-conferencing for rural regions to increase rural representation and
- be sure to include those with a working knowledge beyond aged care or community health

2. Terms of Reference

The majority of members agreed that the Terms of Reference were appropriate. However, there were suggestions that these should reflect the more specific role of the group and should include information such as the:

- nomination process,
- sectors represented and
- meeting/airing arrangements.

It was requested that the language used in the terms are consistent with other Service Coordination documents for example the Better Access To Services (BATS), SCTT 2006 guidelines, the SPTM and the Service Coordination Orientation program.

3. Revision Process

Most members agreed the submission process was fair with a good methodology, the criteria to prioritise the changes were good, the prioritised changes were actioned well and the two-staged pilot was the most democratic method given the short time-frame. Additional suggestions for improvement included:

- increase the weighting for the collaborative submissions
- more involvement from PCP staff in the submission process
- identify if expert advice is required and engage experts early in the process
- provide more time and training for the pilot

4. Meetings

It was agreed by most members that the meetings should remain as 3 (three) hours, particularly if rural staff are involved. Most members felt the meeting content was appropriate with sufficient time for members to pre-read/prepare for meetings, they were well informed of changes and there was sufficient time to discuss the topics at the meetings. The majority of members felt there was a good capacity to be heard at the meetings, although some felt at times this did not occur because there was inconsistency in what could be changed. Some members reported that there was confusion, at times, about the changes and suggested that there be a 'changes clarification' section at the end of each meeting.

5. Priorities for the next revision

Generally, members agreed on the already identified high priority changes that could not be implemented in the short term. These included making the templates more useful for:

- Children and families and
- Carers

It was agreed that broader representation from other areas such as the Royal District Nursing Service (RDNS), local government, Community Health (CH), Acute, Disability and Mental Health should be included in the next revision.

The Next SCTT Revision

Intended Approach

As Service Coordination practice is always expanding and evolving, it was decided at the outset that revisions of the SCTT would be based on a continuous improvement approach with changes implemented incrementally. As expected the statewide submission process generated many suggested amendments and additions to the initial SCTT, which could not all be implemented. The SCTT 2006 revision reflects the high priority changes that could be implemented in the short term. The remaining suggestions already categorised into low, medium and high (long term) priority will be revisited and prioritised for the next revision. As a result, there will not be a statewide submission process for the next revision.

However, to support the continuous improvement approach and capture ongoing suggestions from the sector, an electronic practitioner feedback process will be developed. It is envisaged that practitioners will be able to provide comments on the SCTT and associated guidelines via the web. The information collected through this process will be reported to the steering committee and considered for implementation in the next revision.

What will be included in SCTT 2008?

The high priority changes, which were unable to be actioned in SCTT 2006, will be addressed in the SCTT 2008 Revision. These proposals require further consideration and development from experts in the DHS program areas (for example Office for Children), practitioners and other organisations (for example Carer's Victoria). Working groups would be convened to reach agreement on conflicting proposals, consolidate like proposals, seek academic input to validate proposed changes and develop recommendations for the steering committee.

This work includes the:

- development of a Child Health, Development & Wellbeing Functional Profile
- revision of the full suite of SCTT to better meet the needs of children and families
- revision of carers information will be aligned with the results from the trials of relevant National Assessment Tools (Australian Community Care Needs Assessment – ACCNA and the Carer Eligibility and Needs Assessment - CENA)

In addition, the next revision will:

- evaluate the new Functional Profile
- provide ongoing IT updates
- support the revision of the GP Victorian Statewide Referral Form (VSRF)

Depending on resources and time constraints the following may be addressed:

- revisit the Service Coordination Plan (SCP) in light of the significant level of multi-agency/multidisciplinary care planning activity across the state
- review the SCTT profiles in particular the K10 scale for anxiety and depression and investigate an appropriate Alcohol and Drugs and a Domestic Violence screen