

Proforma to Suggest Amendments or Additions to the Current Suite of Service Coordination Tool Templates

Information to consider when completing this proforma

The aim of the revision is to improve the tool templates to support better identification of, and service responses to, the needs of consumers. To this end, the revision has two objectives:

- To amend the tools to better support good service coordination practice, and
- To broaden the scope of the tool templates to improve their applicability to a diverse range of clients across the human services sector.

How changes to the tool templates will be made

Once all the proposed amendments are gathered from practitioners and Department of Human Services program areas, proposals will then be collated and assessed by a steering committee convened for the revision. The steering committee will make recommendations concerning changes to the tool templates. The recommended changes supported by the Department of Human Services will be consulted upon and piloted before being implemented. More information about the process for changing the tool templates including the prioritisation criteria for actioning proposals is available at www.health.vic.gov.au/pcp. At this website, a Fact Sheet outlining the process for the revision of the Service Coordination tool templates is available. You are encouraged to read this fact sheet prior to completing this proforma.

The Department of Human Services must receive completed proformas by 5pm Friday June 3 2005.

**Proformas can be emailed to sctt.revision@dhs.vic.gov.au or mailed to
Project Manager Revision of the Service Coordination Tool Templates
Level 11, 555 Collins St, Melbourne 3000**

What is within the scope of this project:

In order to make the best use of the opportunity to revise the tool templates, it is important to understand the parameters of this revision. This project will:

- Consider amendments to the current suite of tools including additions or deletions to improve their function and
- Identify the need for additional tool templates (including profiles to assist with the initial needs identification process).

What is not within the scope of this project:

Submissions need to be completed bearing in mind what will **not** be considered as part of this project. This includes

- Revising the principles of Service Coordination as articulated in the Better Access to Services Framework, available at www.health.vic.gov.au,
- Evaluating Service Coordination as an initiative,
- Addressing local practice issues that need to be dealt with at an agency or at Primary Care Partnership level, and
- Changing the intent of the tool templates from a vehicle for recording and sharing consumer information between agencies to a means of collecting or reporting minimum data sets for Department of Human Services programs.

Another consideration when proposing changes to the Service Coordination tool templates is that existing data items in the templates have been validated and meet nationally agreed data standards wherever possible. The Department is committed in principle to adopting validated data items and those that comply with national standards. Adhering to this principle may necessitate some amendment of suggested data items.

Purpose of the Service Coordination Tool Templates

The revision aims to improve the tool templates to better meet their intended purpose. This means that following the revision the Service Coordination Tool Templates will be an improved vehicle for collecting and sharing client information in a common way. They will better support quality referrals whilst assisting the needs identification process.

This aim will drive decisions regarding how the tool templates should be changed. The information recorded needs to be generic enough to be applicable to the broad range of services using them and specific enough to be useful. This means that the revised tools are unlikely to record all the information that is required by agencies and programs in their daily interactions with clients. That is, they are unlikely to meet all practitioners, agencies and program areas requirements for client registration and needs identification, and agency and Department of Human Services program reporting requirements. As such agencies will need to collect the additional client and minimum data set items required for their operations.

The use and purpose of the individual tool templates is outlined below to encourage a common understanding of how the tools should be used and the scope of the revision process.

1. Consumer Information

Purpose: To collect common demographic and other essential client information that can be shared when making a referral to another agency.

Use: Consumer information should be collected on initial contact or as soon as practical and kept up to date as details change. The primary purpose of collecting this information is to share client details between agencies when making a referral. The information required for referral is core client data that most agencies would routinely collect as part of their registration process. To this end, some agencies may choose to use the tool templates when registering their clients whilst others may record their client registration information in another format and transfer it onto the consumer information template for referral.

Most agencies will need to collect additional client data to that recorded on the client information tool template to meet program reporting requirements or agency needs. It is important that the Consumer Information template continues to collect the information that is commonly required by services when receiving a referral from another agency and not what is required by specific program areas or agencies.

2. Summary and Referral Information

Purpose: To record and share a summary of the consumer's problems/issues and an initial action plan when making a referral.

Use: The Summary and Referral Information template is required for all referrals and should be used to summarise the outcomes of the initial needs identification process and the reason for referral. Some practitioners may choose to use this template to document initial needs identification and action planning for their own use, but are not required to do so. The completed Consumer Information template, the Summary and Referral template and the Consumer Consent template constitute the core templates containing the essential information to be shared with another agency when making a referral. A General Practitioner version, the Victorian Statewide Referral Form, has also been developed to improve the quality of referrals from General Practice to primary care agencies.

3. The Supplementary Profiles

- **Profile: Living Arrangements**
- **Profile: Health Conditions**
- **Profile: Psychosocial**
- **Profile: Functional Screen**
- **Profile: Health Behaviours**

Purpose: To provide common information and screening questions that assist practitioners to identify the initial needs of consumers.

Use: There are five profiles in the current suite of tool templates. Completing the profiles is optional and intended to supplement professional judgement in identifying initial needs. Not all profiles will be relevant for every consumer and in some cases, specific information within a profile will not be required. Information gathered in the course of completing the profile can be shared with another agency when making a referral.

4. Service Coordination Plan

Purpose: The Service Coordination Plan records the individual care plans of all practitioners or agencies involved in a consumer's care to allow a coordinated approach to service delivery. This includes what services are to be provided and when they are to be delivered. The Service Coordination Plan also identifies the key worker and when the document will be reviewed. The Service Coordination Plan is a way of linking information in the initial needs identification with a more detailed planning process.

Use: The Service Coordination Plan should be used with consumers with both multiple agency involvement and complex needs. There is no definition of complex that is appropriate to all age groups and service types and Primary Care Partnerships need to develop protocols over time to identify those consumers who would benefit from a Service Coordination Plan.

5. Consumer Consent

Purpose: The Consumer Consent Form provides a means to record freely given and informed consumer consent to share their information with a specific agency for a specific purpose.

Use: If the practitioner recommends that the consumer be referred to another service, consent is required from the consumer before any information transfer occurs. The consumer consent form should be completed to obtain consumer consent to specified use/disclosure of information. The consent form is kept by the agency and a signed copy provided to the consumer. If the consumer is unable to consent because they are unable to understand the nature of what they are consenting to or the consequences, consent can only be sought from the consumers' authorised representative as defined in Section 85(6)a of the *Health Records Act 2001*.

As the current Consumer Consent template complies with state and Commonwealth legislative requirements, any changes to this template would need to be consistent with legislation.

6. Service Coordination Tool Templates Guidelines

A series of five guidelines was developed to provide information about, and advice on, completing the Service Coordination Tool Templates. As part of the revision of the tool templates, the guidelines will be amended to reflect the changes to the tool templates. Suggestions to change the guidelines format and content to improve their clarity, are invited as part of the submission process and can be recorded in Section D.

Enquiries regarding completing the proforma to suggest amendments or additions to the current suite of tool templates should be directed to sctt.revision@dhs.vic.gov.au or phone 1300 799 232.

Information about those suggesting the changes

Submissions can be completed by individuals or as a collaborative effort. Collaborative responses are encouraged, as in the discussion process consensus is more likely to be reached on conflicting issues. Also, practice issues that are not affected by the tool templates and which need to be dealt with at a PCP or agency level may be identified, and the needs of different practitioners can be taken into account.

Individual Submission

Please fill in the section below if you are voicing your individual opinion on how the tools should be changed.

Name: _____

Position: _____

Phone: _____

Email: _____

My opinion on what needs to change in the tool templates is based upon:

1. My use of the tools –

- If so, I use the tools
- Daily or more often
 - Approx once per week
 - Approx once per month
 - Rarely

2. Advice I have received from others –

- If so please specify
- Advice from practitioners
 - Advice from consumers
 - Advice from managers
 - Advice from others (please specify)
- _____
- _____

3. Research – if possible please give reference

Collaborative Submissions

Please complete the section below if your suggestions on how the tool templates can be improved are the result of a collaborative effort.

Details of the person who DHS can contact if clarification of the suggestion/s in the submission is required.

Name: _____

Phone: _____

Email: _____

How many people participated in the development of this submission? _____

Who participated in the development of this submission?

Please tick one or more of the following category/ies that apply to group.

A team within an agency
(please specify programs/disciplines represented) _____

The whole of this agency or agency site
(please specify which agency) _____

A Primary Care Partnership
(please specify which one) _____

A regional or subregional Service Coordination network
(please specify programs represented) _____

Other forum
(please specify) _____

How to use this proforma

This proforma is divided into sections based on the type of change being suggested. If more than one change of the same type is being suggested, please complete a copy of the relevant section for each change. For example if for Section A, which deals with format and design, you have a suggested change to the Consumer Information tool template as well as to the Health Behaviours tool template, you will need to make a copy of Section A and complete the form twice. Or if you have more than one suggested change for the Consumer Information tool template, both of them related to format and design, you will need to copy and complete Section A for each change.

The different types of changes to be detailed in the different sections are:

Section A: Format and Design Changes

Format and design changes are minor changes to the current tool templates, either additions, deletions or changes to the layout that will improve their effectiveness.

Section B: Changes to the content of the existing tool templates

Use this section of the form to suggest changes to the content or data fields of the tool templates. It is likely the changes here will affect the function of the tool templates and therefore will have implications for the way the tools work in practice.

Section C: Development of new tool templates

Please complete this section if you are suggesting that additional tool templates are required including new profiles.

Section D: Other comments or suggestions

If you would like to suggest changes to the Service Coordination Tool Template Guidelines to improve their clarity please complete this section. Any additional comments or details of any suggested changes that are not applicable to Sections A, B or C such as comments on the generic use and function of the tool templates can be documented in this section.

Section A: Format and Design Changes

Which tool template/s would you like amended?

- Consumer Information
- Summary and referral form
- Living Arrangements
- Functional Screen
- Health Conditions
- Psychosocial
- Health Behaviours
- Service Coordination Plan
- Consumer Consent
- All

Please describe the change you would like made below and/or attach a copy of the tool template with the suggested amendment if available.

Please describe how this change would enhance Service Coordination practice and improve the tool templates effectiveness.

Section B: Changes to the content of the existing tool templates— Amendments/Additions/Deletions

Which tool template/s would you like amended?

- Consumer Information
- Summary and referral form
- Living Arrangements
- Functional Screen
- Health Conditions
- Psychosocial
- Health Behaviours
- Service Coordination Plan
- Consumer Consent

Please describe below the change you would like made and attach a copy of the tool template with the suggested amendment if available.

Please describe how this change would enhance Service Coordination practice and improve the tool templates effectiveness.

Section C: Development of new tool templates

Please provide information about the additional tool template you are proposing.

How will this enhance Service Coordination practice and make the tool templates more effective?

Would this become one of the core tool templates that is completed for all referrals, or would the completion of this tool template/profile be optional?

Who would benefit from the introduction of this tool template?

Has any work been done on this tool template to date? If so, please cite reference or attach draft content to this submission.
