

*Bendigo Loddon  
PCP*

*Service Coordination  
At A Glance*

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# Protocols at a glance

**The purpose of service coordination is to improve people's access to services.**

**Access to services means that:**

1. Consumers have access to up-to-date service and health or care information that supports their care needs.
2. Consumers have access to a range of services appropriate to their care needs. Needs can be identified and services delivered in a timely and efficient manner.
3. Consumers can be sure of quality inter-agency / inter-service exchanges of client information. Health or care information is shared in a way that respects consumers, meets privacy requirements and supports their care needs.
4. Consumers have access to cross-agency multi-disciplinary teams, through the development and agency support of an integrated service system.

**The service coordination protocols take in 6 linking inter-agency processes.**

- ✓ Service Access
- ✓ Screening
- ✓ Referral
- ✓ Assessment
- ✓ Feedback, transfer or release of information
- ✓ Care Coordination.

**The provision of quality user-friendly service or care information is dependent on agencies keeping their own information accurate and up-to-date.**

**Quality information exchanges require services to impart information relevant and appropriate to the consumer's care needs, thus reducing duplication.**

**Informed consent is sought for all information exchanges to comply with:**

- The Privacy Legislation
- Legislation related to a discipline or sector (e.g. Disability, Mental Health, Aged Care, Child Care Acts)
- Agency and program accreditation standards.

**All key information exchanges are written, using mutually relevant tools for:**

- Referrals
- Feedback
- Care Coordination.

**Quality indicators for all consumer information exchanges include:**

- ID on each page that meets Australian Medical Records standards – client name; DOB; gender; date & time sent; sender and receiver contact details.
- Content that is meaningful, clear and concise, and critical to care provision.
- Content meets any identified referral data set or feedback pro-forma.
- Content is understandable, legible and acronym / jargon free.
- Timely exchanges or responses, with frequency and communication modalities appropriate:
  - To meet consumers' needs
  - To meet services' planning or response capacity
  - **To meet urgent exchange responses.**

**All urgent information is exchanged directly with the designated service:**

☎ Phone urgent details to the service provider; send written information ASAP.

**Agencies have systems in place for the notification to all relevant services of:**

- Any identified risks or alerts
- Receipt of messages and response confirmation.

### **Service Access (see page 7 of the Regional Protocols)**

This process describes activities that support the provision of accurate, up-to-date service information and other health or care promoting information. It supports consumers being **directed** to the right service[s] as quickly as possible.

### **Screening for Needs (see page 11 of the Regional Protocols)**

Screening refers to a systematic way of uncovering a consumer's underlying health, care and social issues **to help** ascertain service needs.

This is not a diagnostic process, rather an aid to determining a need for further investigation or an assessment.

### **Referral (see page 15 of the Regional Protocols)**

A referral is the physical **transmission of personal, health or care information** relating to an individual from one service to another service[s].

As an outcome of a need being identified the referrer (who cannot address the identified need[s]) makes a **request** for an assessment or service and transfers relevant supporting information.

### **Assessment (see page 20 of the Regional Protocols)**

Assessment is a more **in-depth process** than screening. It is an investigative process using professional and interpersonal skills to **uncover or diagnose** the consumer's problem[s] and then address them. This decision-making methodology collects, weighs and interprets relevant information and then **develops a plan** for the consumer.

### **Feedback (see page 24 of the Regional Protocols)**

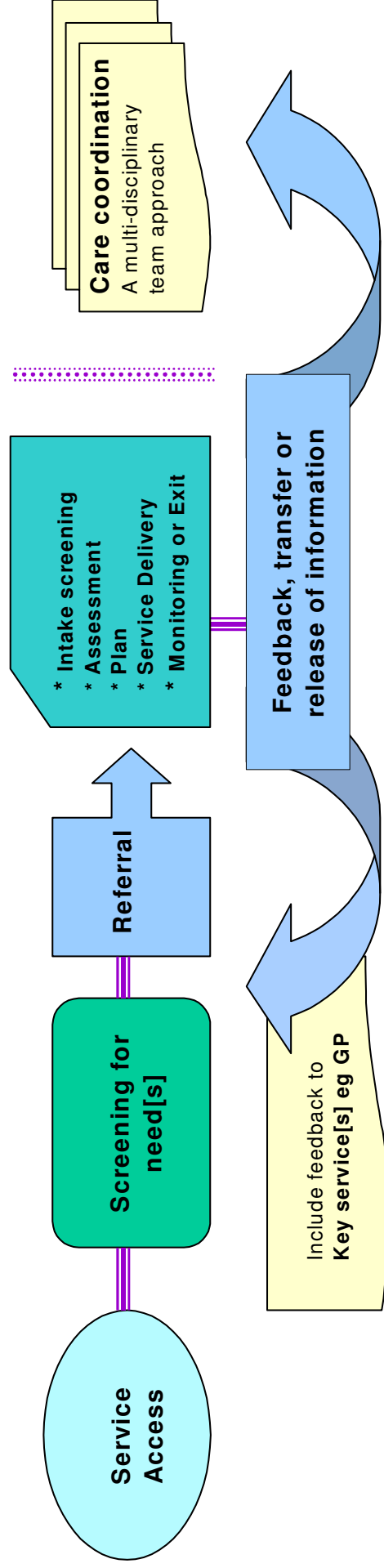
Feedback is an information exchange that is in response to any **new or changed personal, health or care information**. This includes transfer and release of information processes. It is not a referral or a multidisciplinary care plan. Hence, feedback includes any exchanges of shareable consumer information from across the spectrum of care including:

- **New or changed consumer demographic information**
- **New or changed risks or alerts information**
- **Screening outcomes**
- **Referral or intake outcomes**
- **Assessment and planned service outcomes**
- **Exit or discharge or transitional information.**

### **Care Coordination (see page 30 of the Regional Protocols)**

Care Coordination is a multidisciplinary process that requires a **cross agency team approach**. A team approach involves shared responsibilities and **collaborative monitoring and planning**.

# Bendigo Loddon PCP Service Coordination Model



The common feature to all these processes is **information**: consumer **information exchange** or service and health / care **information provision**