



*South West Region
Primary Care Partnerships*

**SERVICE COORDINATION
PRACTICES & PROCESSES
MANUAL**

Working together for a Healthy Community in the South West

September 2004

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PART A

Introduction & Service Coordination Model

1.0 Introduction

1.1 Background and Context

The South West Primary Care Partnerships of (SW PCP) and Southern Grampians and Glenelg (SGG PCP) are voluntary alliances of health and community agencies in the shires of Corangamite, Glenelg, Moyne, Southern Grampians and the City Of Warrnambool (refer Appendix 1 for members).

While operating as separate entities, the collective goal of these partnerships is to make sustained improvements to primary care services so that the health and well being of the people of the South West sub region of Victoria is enhanced.

Key activities of both partnerships include cooperative planning based on an understanding of local population issues and needs, improvement of service coordination including intake, screening, referral and assessment processes and health promotion.

The South West Alliance of Rural Health (SWARH) is a voluntary alliance of Acute Health and Primary Care agencies within the South West sub region. As SWARH extends across the whole of the sub region, it provides the governance structure for overall service coordination. Its member agencies many of whom belong to the primary care partnerships are interconnected through the use of broad band technology (SWARHnet) and SWARHnet provides the IT capacity for many service coordination improvements.

The Primary Care Partnerships and SWARH all work together and contribute to the overall goal of improved service coordination.

1.2 Service Coordination Vision

The South West's vision for its health and community care service system is one where all people who use the service system feel comfortable and at ease in accessing and moving through the service system confident that they have sufficient information to make informed choices about their health and care in an environment of confidentiality.

Incorporating consumer participation, all agencies will work together to develop quality continuity of care through the identification and elimination of system gaps and by removing duplicated and unnecessary processes.

Specifically, consumers will experience a system where a consistent and quality approach is applied to:

- The giving of information about the service system and about consumer rights and responsibilities
- The giving of information about services available relevant to individual needs
- The identification of individual needs
- Support in accessing the range services through standard information giving and referral processes
- Assessment, delivery and coordination of care
- Management of client information in accordance with relevant legislation

1.3 About the Service Coordination Manual

The purpose of the Service Coordination Manual is to describe and document common agreed approaches to the practices and processes and systems that support improved service coordination. It acknowledges the diversity of agencies in the service system in the South West and recognises that the actions of one agency may have implications for others and thus a common approach is in the best interests of all agencies and in the overall outcomes of consumers.

The manual is the culmination of much work done by agencies to improve service coordination in the South West. Through a 'learning by doing' approach agencies have adapted, developed and tested many of the practices and processes contained within and have reached a point of formalisation.

The manual is designed as an overall guide for practice and service delivery.

It provides a reference for the development of internal policies and procedures consistent with its content and outcomes.

This resource is made up of:

- Part A: Introduction & Service Coordination Model**
This section provides an Introduction to the manual and introduces the Service Coordination model, its features and the values that underpin it.
- Part B: Practices & Processes**
This section describes the agreed practices and processes for the elements of service coordination.
- Part C: Protocols**
This section outlines protocol statements in relation to service coordination practices and processes
- Part D: Appendices**
This section provides additional and supporting information for various aspects of the manuals content

2.0 Service Coordination Model

2.1 Model Approach

Underpinning the South West's Service Coordination model is the belief that better outcomes for consumers are linked to an effective and collaborative service provider system. To this end, improvements to service coordination have focussed on building on existing provider strengths, developing strong interagency relationships, providing sound infrastructure and building service provider capability so that providers are able to articulate and realise the principles and values below.

The Approach recognises that improving service coordination is a process and that only through review and evaluation will improvements be ongoing.

Service Providers believe in and commit to:

- Fully informing consumers so that they are empowered to make decisions and give consent
- Using technology and information systems (e.g. e referral, service directories) to support information sharing with the consumer and between agencies so that information is passed on not repeated
- Respecting the confidentiality of client information and ensuring it is managed in accordance with relevant privacy legislation
- Practicing in a consistent and quality manner so that consumers have a common experience of care and service
- Using common tools (e.g. the Statewide Service Coordination Tool Templates) to support interagency practice and where appropriate intra agency practice
- Maximising consumer access to the service system and meeting of consumer needs, through knowledge of and thoughtful use of service eligibility and access criteria.
- Developing monitoring activities for the identification of system gaps and improvements including consumer satisfaction
- Working collaboratively to create solutions
- Maintaining and further developing professional relationships and networks to support ongoing education and a shared understanding of the service system and its various aspects

2.2 Service Coordination Model: Features

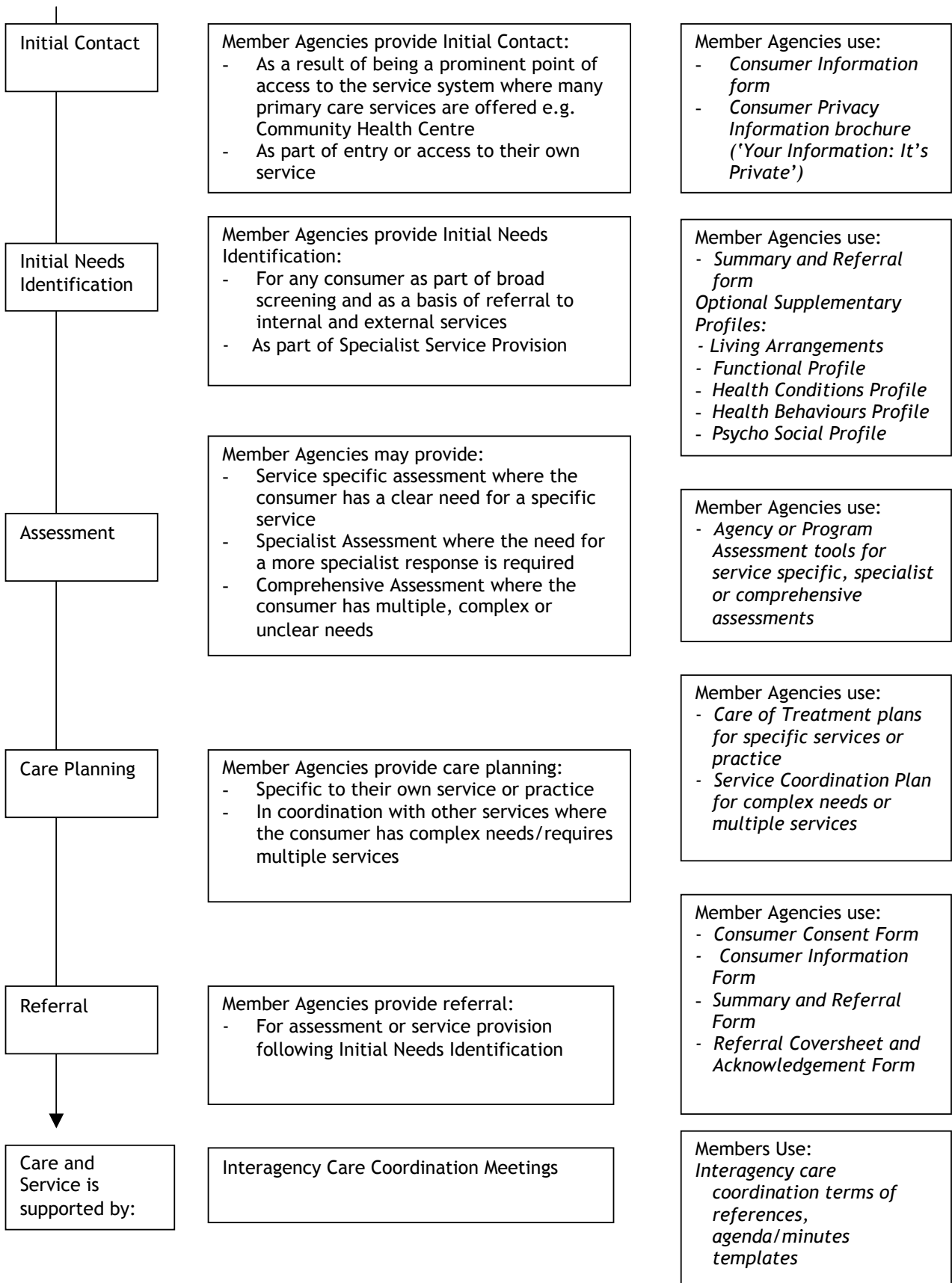
Key features of the Service Coordination Model are:

- That every service site is an entry point for consumers - consumers will receive a response consistent with the Protocols regardless of where they first make contact or which agency they approach
- That some agencies will provide generalist information, intake and referral service for consumers and are identified as a prominent point of access to the service system e.g. agencies providing Consumer Information Hub services
- That some agencies provide a more specific intake service as part of their service provision
- That consumers will be given relevant information needed to make an informed decision about the services they may use to meet their needs
- That Initial Needs Identification will occur as soon as possible after Initial Contact. In some cases Initial Needs Identification will occur seamlessly following Initial Contact, in other cases there will be a short time delay between these processes
- That Initial Contact and Initial Needs Identification may be undertaken by the same or by two different workers - in some agencies the same practitioners may perform both functions; in other agencies Initial Contact may be undertaken by one staff member and Initial Needs Identification by another staff member or agency
- That to facilitate and streamline the process, where the agency undertaking Initial Contact does not offer Initial Needs Identification, the worker will offer to:
 - Provide relevant details verbally and/or in hard copy to the consumer who is able and elects to proceed without the practitioner's assistance; or
 - Make an immediate and direct telephone link with an agency that does provide Initial Needs Identification; or
 - Make an appointment for the consumer at a suitable time at an agency that does provide Initial Needs Identification; or
 - Make arrangements for the person to be contacted
- At a minimum and where practical, practitioners complete as much of the Consumer Information and Summary and Referral sections of the Service Coordination Tool Templates in order to have a clear consumer record and identify consumer issues. Supplementary profiles that are relevant to the consumer and their presenting needs are completed as appropriate
- That practitioners undertaking Initial Needs Identification will form professional judgements about the breadth and depth of Initial Needs Identification inquiry. This will vary between individual consumers
- That referrals, and the gaining of consent to disclose consumer information, may occur at multiple points throughout the service coordination model
- That care and coordination of consumer needs is supported by interagency care coordination meetings
- That practitioners ensure that consumers are able to communicate easily. For example, through the use of interpreter services
- That consumers request for anonymity is respected where appropriate
- That practitioners will facilitate consumer advocacy support at the consumers' request and/or when legally required (i.e. where a legal guardian or authorised representative exists)
- That protection of consumer privacy is inherent throughout the model and incorporated into agency practice
- That consumers are informed about the overall service coordination process

2.3 Service Coordination Model

Consumer enters the service system

Service Coordination activities offered / provided by member agencies:



2.4 Supporting Systems

Systems that support the Practices and Processes in this manual are:

- The South West PCP supported South West Directory of Health and Community Support Services 2004 available from:

Mpower
71 Koroit Street
Warrnambool. Vic 3280
Tel: 5561 8100

- The Statewide Services Directory (Electronic) available at:
<http://www.health.vic.gov.au/servicesdirectory>
- Other service directories e.g. Counselling and Psychology Support Services directory developed by the SGG PCP
- Agency information support systems including Client Management systems
- Electronic Referral including technology for secure transmission of information
- Internal agency operational systems
- Internal agency policies and procedures manuals
- HACC Standards, Community Health Standards and EQUIPP

External Documents:

- DHS Service Coordination Tool Template Guidelines, 2003
- DHS Privacy Kit, 2002
- DHS Better Access to Service Policy Framework, 2000
- DHS Service Coordination Implementation - 2002
- DHS Service Coordination Implementation Update, 2003
- The Health Records Act, 2001
- The Information Privacy Act, 2000
- Various Professional Standards and Codes of Conduct