

# PART B

## Practices & Processes

## 3.0 Initial Contact

### 3.1 Initial Contact Practice

#### Description

Initial Contact is the first point of contact a consumer has with the service system - it is an interaction between the consumer and the first staff member of any agency with whom they communicate.

Two types of Initial Contact are considered relevant in the South West. They are:

- A request for information only
- A request for service

A request for service may be a single uncomplicated service request or a request that is unclear or that potentially requires complex service delivery.

Following Initial Contact, the consumer may proceed to Initial Needs Identification (INI) either at the same, or another agency (may not apply for those seeking information only).

Initial Contact involves:

- Collecting basic information about the consumer, including their expressed needs, through talking to them or their carer
- Providing clear information about the agency's own services and services provided by other agencies
- Providing other health related information
- Helping the consumer's access to relevant and requested service/s

Initial Contact can include face-to-face discussion (in agency and outreach) and telephone discussion, implemented in a manner responsive to the differing needs of consumers. Initial Contact will generally proceed to Initial Needs Identification, assessment, care planning and service delivery.

**Relevant Statewide Service Coordination Tools (Forms) are:**

- Consumer Information Form - for collection of consumer details including the service requested
- Consumer Consent - consent by the consumer to the disclosure of information for referral purposes
- 'Your Information - It's Private' - Consumer Privacy brochure

**Additional Supports are:**

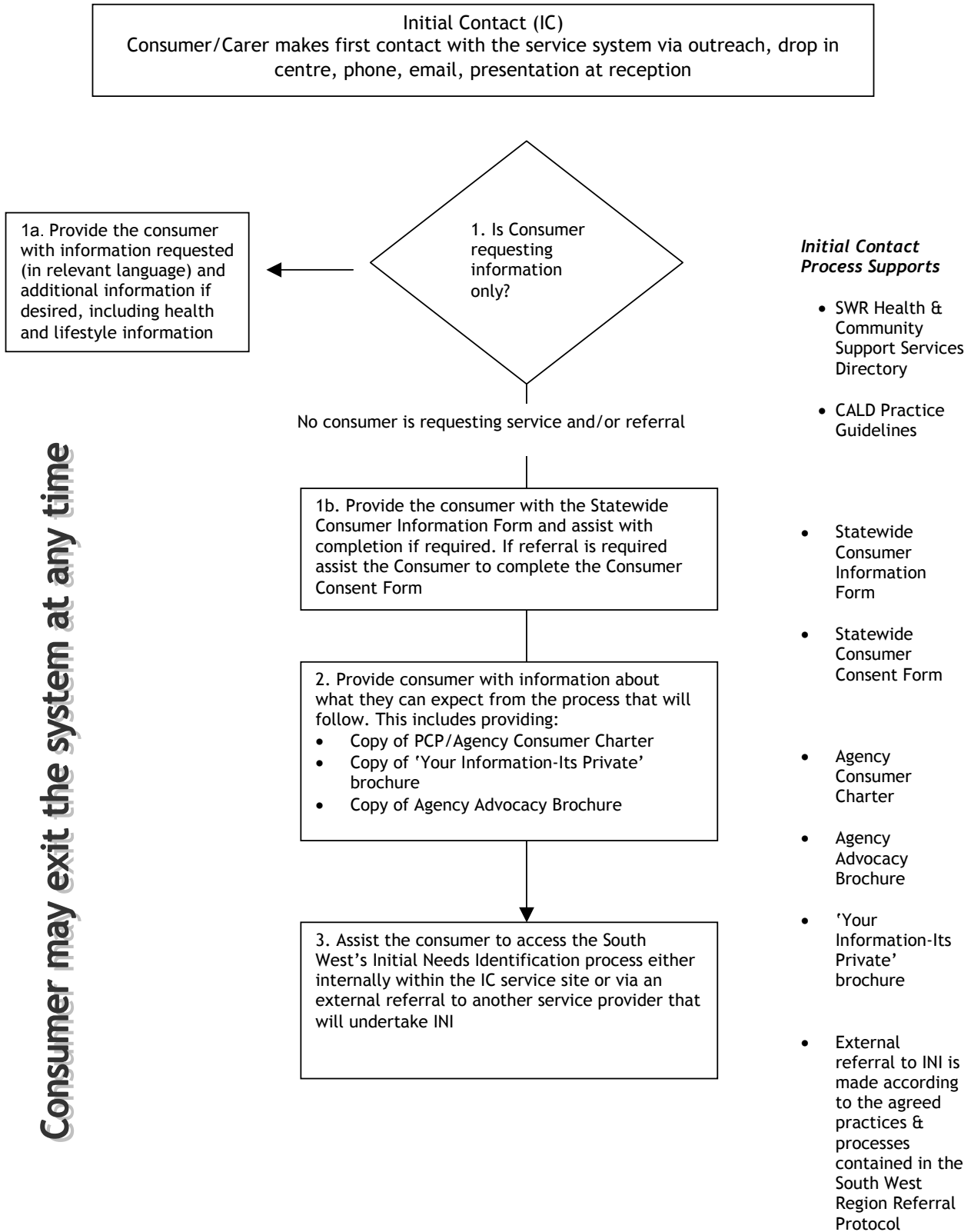
- The South West Region (SWR) Health and Community Support Services Directory
- The SWR Referral Protocol
- CALD Practice Guidelines (Refer Appendix 3)
- DHS Initial Contact - Core Skills and Knowledge related to this role (refer Appendix 4)

#### Practice Responsibility

Initial Contact may be completed by front-of-house staff (e.g. receptionist) who passes the Consumer Information form to a competent practitioner to undertake Initial Needs Identification. Alternatively, Initial Contact may be completed by competent practitioners (e.g. Intake and Assessment worker) who undertake the Initial Contact and Initial Needs Identification functions together.<sup>1</sup>

<sup>1</sup>Adapted from North Central Metropolitan PCP Service - Coordination Protocol Manual

### 3.2 Initial Contact Processes: Process Chart



### 3.3 Initial Contact Processes: Service Practitioner Roles and Responsibilities & Performance Indicators

Process Step	Roles and Responsibilities	Performance Indicators
<p><b>Process Step 1.</b> (Making sure communication with consumer is effective) Determine the type of Service required</p> <p><b>Process Step 1a.</b> Information is given to consumers requesting it</p> <p><b>Process Step 1b.</b> The Statewide Consumer Information form is completed for consumers requesting a service and/or referral</p>	<p><b>Service Practitioner</b></p> <ul style="list-style-type: none"> <li>• Accessing an interpreter or using communication aid as required asks whether the consumer wants information only or a service - 'How may we assist you'</li> </ul> <p><b>Service Practitioner</b></p> <ul style="list-style-type: none"> <li>• Uses the South West Health &amp; Community Services Directory to assist in information provision</li> <li>• Considers/provides information on:                             <ul style="list-style-type: none"> <li>- Service available</li> <li>- Eligibility and priority of - access</li> <li>- Hours of operation</li> <li>- Key contact personnel</li> <li>- Waiting times for services</li> <li>- Telephone numbers/email addresses</li> </ul> </li> <li>• Provides consumer with information requested and additional health and lifestyle information if desired</li> </ul> <p><b>Service Practitioner</b></p> <ul style="list-style-type: none"> <li>• Assists the consumer to complete the Statewide Consumer Information form</li> <li>• Records consent (verbal or written) to information disclosure on the consent form if obtained for referral</li> </ul>	<p>Staff are trained in the use of CALD practice guidelines.</p> <p>Staff are trained in providing consumer focused service and information services.</p> <p>Staff are trained in the use of Service Directories.</p> <p>Consumers receive requested information and additional information health and lifestyle information is desired.</p> <p>Relevant and accurate information about services is given.</p> <p>The Statewide Consumer Information form is completed on initial contact and where service is requested.</p> <p>Staff are trained in the collection of information for consumer information.</p> <p>Staff follows privacy guidelines when obtaining consent to information disclosure.</p>
<p><b>Process Step 2.</b> Information on services required, privacy and other relevant lifestyle information is provided</p>	<p><b>Service Practitioner</b></p> <ul style="list-style-type: none"> <li>• Provides consumer with information on: services requested                             <ul style="list-style-type: none"> <li>- The Agency's Consumer Charter</li> <li>- The 'Your the Agency Information-It's private brochure'</li> <li>- Advocacy brochure</li> <li>- Information on services and other relevant information</li> </ul> </li> </ul>	<p>Consumer knows that to expect from initial contact agency.</p> <p>Consumers have information that will empower them to make decisions.</p> <p>Staff responds to requests for additional information.</p>
<p><b>Process Step 3.</b> The Consumer is assisted to the South West Region's Initial Needs Identification (INI) process either internally or via an external referral to another service provider that will undertake INI</p>	<p><b>Service Practitioner</b></p> <ul style="list-style-type: none"> <li>• Makes an appointment with INI practitioner within the IC service or arranges appointment with external agency who can provide INI</li> <li>• Forwards Consumer Information and Consumer Consent Forms</li> </ul>	<p>Consumer is assisted to INI</p> <p>Staff collects information once only and pass information on as additional service are required.</p>
<p><b>Consumer may exit system at any time</b></p>		

## 4.0 Initial Needs Identification

### 4.1 Initial Needs Identification Practice

#### Description:

Initial Needs Identification is an initial process of screening where the underlying issues as well as presenting issues are identified. It includes a determination of the consumer's risk, eligibility and priority for service and allows health promotion opportunities to be identified.

#### Initial Needs Identification Practice Involves:

- Building on information gathered at Initial Contact (refer Initial Contact Practice)
- Seeking information from the consumer in relation to their presenting needs
- Identifying (as far as possible, given the client's readiness and willingness to divulge information) the full range of the consumer's needs, (social, psychological, medical and physical needs) and underlying issues, health promotion or illness prevention opportunities, as well as capabilities and potential
- Being sensitive to the consumer's needs and making a professional judgement about the extent of inquiry possible, which may best occur over a period of time
- Providing information to the consumer/carer about the agency's own services and the range of services provided by other agencies which is reliable, up-to-date and relevant to the consumer/carer's needs
- Forming a professional judgement as to risk and priority for service
- Facilitating consumer choice, decision making, access to assessment and service, and making referrals

#### Relevant Statewide Service Coordination Tools (Forms) are:

- Consumer Information form - building on the information collected on this form at Initial Contact
- Summary and Referral form - a documented summary of the consumers needs as a result of the Initial Needs Identification process; and the action (e.g. referral for assessment and/or service) that is to follow
- Consumer Consent - consent by the consumer to the disclosure of information for referral purposes
- 'Your Information - It's Private' - Consumer privacy information brochure (or the equivalent information contained within an agency brochure)
- Supplementary profiles as appropriate

#### Additional Supports are:

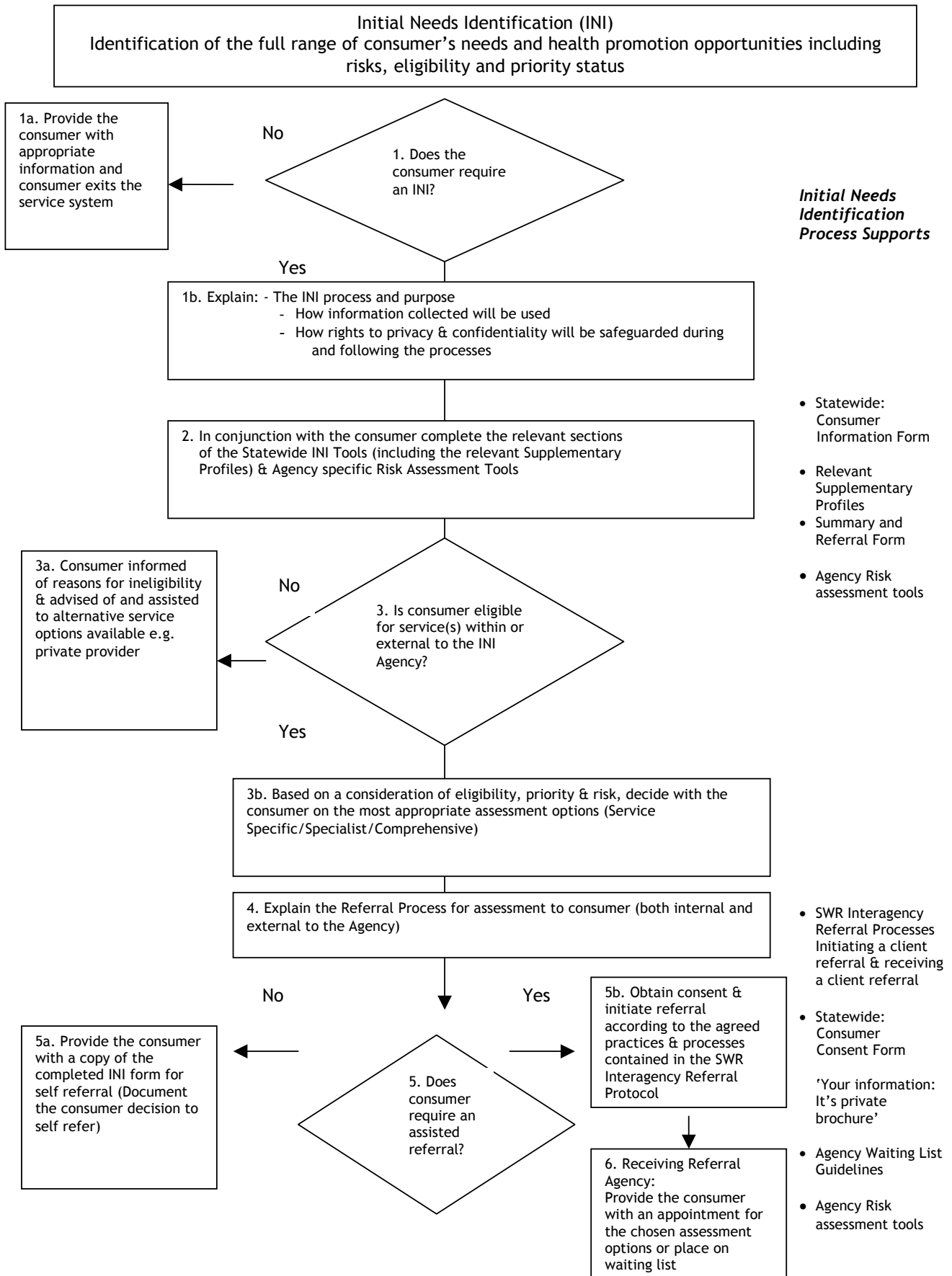
- The South West Region (SWR) Health and Community Support Services Directory
- The SWR Referral Protocol
- The SWR Interagency Care Coordination Meeting Protocol
- Agency Risk Assessment Tools
- DHS INI Guidelines for recording risks (refer Appendix 5)
- DHS Draft Job Profile : Initial Needs Identification Service Provider (as at June 2002) (refer Appendix 6)
- CALD Practice Guidelines

#### Practice Responsibility

- Competent practitioners undertake Initial Needs Identification, which follows Initial Contact. In some agencies, it is undertaken, as a discreet needs identification process; in other agencies it may be incorporated in the assessment process. Initial Needs Identification will normally proceed to assessment, care planning and service delivery.<sup>2</sup>

<sup>2</sup>Adapted from North Central Metropolitan PCP Service - Coordination Protocol Manual

## 4.2 Initial Needs Identification Processes: Process chart



4.3 Initial Needs Identification Processes: Service Practitioner Roles and Responsibilities and Performance Indicators

Process Steps	Roles & Responsibilities	Performance Indicators
<p><b>Process Step 1</b> Determine if an INI is required</p> <p><b>Process Step 1a.</b> Information is given to consumers requesting it</p> <p><b>Process Step 1b.</b> An explanation of the INI process, how information gathered is used and how consumer rights to privacy and confidentiality will be managed and upheld</p>	<p><b>Service Practitioner</b></p> <ul style="list-style-type: none"> <li>• Uses professional judgement to determine whether the consumer requires an INI (The consumer will enter the INI process from the IC process either from an internal or external referral or as part of a process where ICI and INI are combined)</li> </ul> <p><b>Service Practitioner</b></p> <ul style="list-style-type: none"> <li>• Uses the South West Health &amp; Community Support Services Directory to assist in information provision</li> <li>• Provides consumer with information requested and additional health and lifestyle information if desired</li> </ul> <p><b>Service Practitioner</b></p> <ul style="list-style-type: none"> <li>• Describes the INI process and its purpose in identifying the full range of consumer needs and the priority of those needs</li> <li>• Describes how information gathered will be used, stored and transferred (e.g. with consent)</li> </ul>	<p>Staff are appropriately trained to determine the need for an INI.</p> <p>Staff are trained in providing consumer focused service and information services.</p> <p>Staff are trained in the use of service directories.</p> <p>Consumers are informed about the INI process.</p> <p>Consumers know how INI data will be used, stored and transferred.</p>
<p><b>Process Step 2.</b> Relevant sections of the Statewide INI Tools and Agency specific risk assessment tools are completed</p>	<p><b>Service Practitioner</b></p> <ul style="list-style-type: none"> <li>• Uses the Statewide INI tools and agency specific risk assessment tools to help identify and record consumer needs, risks and outcomes of the INI process (At a minimum all agencies in the SWR will complete the Statewide Consumer Information Form (if not already completed as part of Initial Contact) and Summary and Referral Form which should be used to summarise data from Statewide supplementary profiles</li> </ul>	<p>Through the use of relevant Statewide INI Tools all consumer service needs and risks are identified</p>
<p><b>Process Step 3.</b> Determine eligibility for Primary Care and Community Services</p> <p><b>Process Step 3a.</b> Consumer is informed of reasons for ineligibility and advised of service options available.</p> <p><b>Process Step 3b.</b> The most appropriate assessment option (Service Specific/Specialist/Comprehensive) is decided in partnership with the consumer</p>	<p><b>Service Practitioner</b></p> <ul style="list-style-type: none"> <li>• Uses the South West Health &amp; Community Support Services Directory and other up to date resources to assist in determining eligibility</li> </ul> <p><b>Service Practitioner</b></p> <ul style="list-style-type: none"> <li>• Discusses reasons for ineligibility and accesses up to date resources to provide contact details of service options available</li> <li>• Informs client that they may become eligible for service requested in the future</li> <li>• Documents reasons for ineligibility</li> </ul> <p><b>Service Practitioner</b></p> <ul style="list-style-type: none"> <li>• Taking into account eligibility, priority and risk, discusses assessments options with the consumer and chooses the most appropriate service</li> </ul>	<p>Staff are trained in the use of Service directories and other relevant information sources.</p> <p>Consumers know reasons for ineligibility and that they may be able to access the service in the future.</p> <p>Consumers are aware of contact details of other service options. Staff document reasons for ineligibility.</p> <p>Consumers have sufficient information to make choices about the most appropriate service to meet their needs.</p>

**4.3 Initial Needs Identification Processes: Service Practitioner Roles and Responsibilities and Performance Indicators (continued)**

<p><b>Process Step 4.</b> The referral process is explained to the consumer</p>	<p><b>Service Practitioner</b></p> <ul style="list-style-type: none"> <li>Explains referral options and processes</li> </ul>	<p>Consumers have an understanding of service options and processes</p>
<p><b>Process Step 5.</b> Determine if assisted referral is required.</p> <p><b>Process Step 5a.</b> Consumer is provided with information for self referral.</p> <p><b>Process Step 5b.</b> Consent is obtained from the consumer and referral is initiated according to the SWR interagency Referral Protocol.</p>	<p><b>Service Practitioner</b></p> <ul style="list-style-type: none"> <li>Discusses the pros and cons of self referral and assisted referral</li> <li>Assists the consumer to make an informed choice</li> </ul> <p><b>Service Practitioner</b> Provides consumer with a copy of completed INI tools</p> <ul style="list-style-type: none"> <li>Documents the consumer’s decision to self refer</li> </ul> <p><b>Service Practitioner</b></p> <ul style="list-style-type: none"> <li>Initiates the referral in accordance with the SWR ‘Initiating a referral process’</li> </ul>	<p>Consumers have sufficient information to enable them to make informed choices</p> <p>Consumers have relevant information to enable them to self refer The decision to self refer is documented</p> <p>Staff follow the SWR ‘Initiating a referral’ process</p>
<p><b>Process Step 6.</b> The receiving referral agency provides consumer with an appointment for the chosen assessment option or places consumer on a waiting list following receipt of referral.</p>	<p><b>Service Practitioner</b></p> <ul style="list-style-type: none"> <li>Proceeds as per the SWR ‘Receiving a referral process’ providing an appointment for the consumer or placing the consumer on a waiting list following receipt of referral</li> </ul>	<p>Staff follow the SWR ‘Receiving a referral’ process</p>

## 5.0 Referral

### 5.1 Referral Practice

#### **Description:**

Referral is the practice of linking clients to other services.

It involves the transmission (physically or by other means) of personal and/or health information relating to an individual from one service provider to another service provider with the individual's consent and for the purpose of assessment, care or treatment.

#### **Referral Practice Involves:**

- Identification of service needs and determination of services required, risk and priority during the Initial Contact and Initial Needs Identification processes
- Explaining and seeking consent from the consumer to the referral and transmission of personal information (refer Consumer Consent Protocol)
- Providing information to the receiving agency (or consumer) so they can proceed with further action (e.g. assessment, service provision, treatment or care)
- Response by the receiving agency to the referral
- Monitoring the outcome of the referral (e.g. acknowledgement of receipt of referral, service response to referral)

#### **Relevant Service Coordination Tools (Forms) are:**

- Consumer Information form
- Summary and Referral form
- Supplementary profiles as appropriate
- Consumer 'Your Information - It's Private' - Consumer privacy information brochure (or the equivalent information contained within an agency brochure)

#### **Additional Supports are:**

- The SWR Referral Cover sheet and Acknowledgement form
- The SWR Referral Outcome form
- The SWR Health & Community Support Services Directory/Statewide Services Directory online
- The SWR Interagency Care Coordination meeting protocol
- Agency Risk Assessment Tools
- DHS INI Guidelines for Recording Risks

#### **Practice Responsibility**

Referral is completed by competent practitioners and can occur at many points through the service continuum. For example, following Initial Needs Identification, referral for assessment or referral for service provision. <sup>3</sup>

#### **e-Referral**

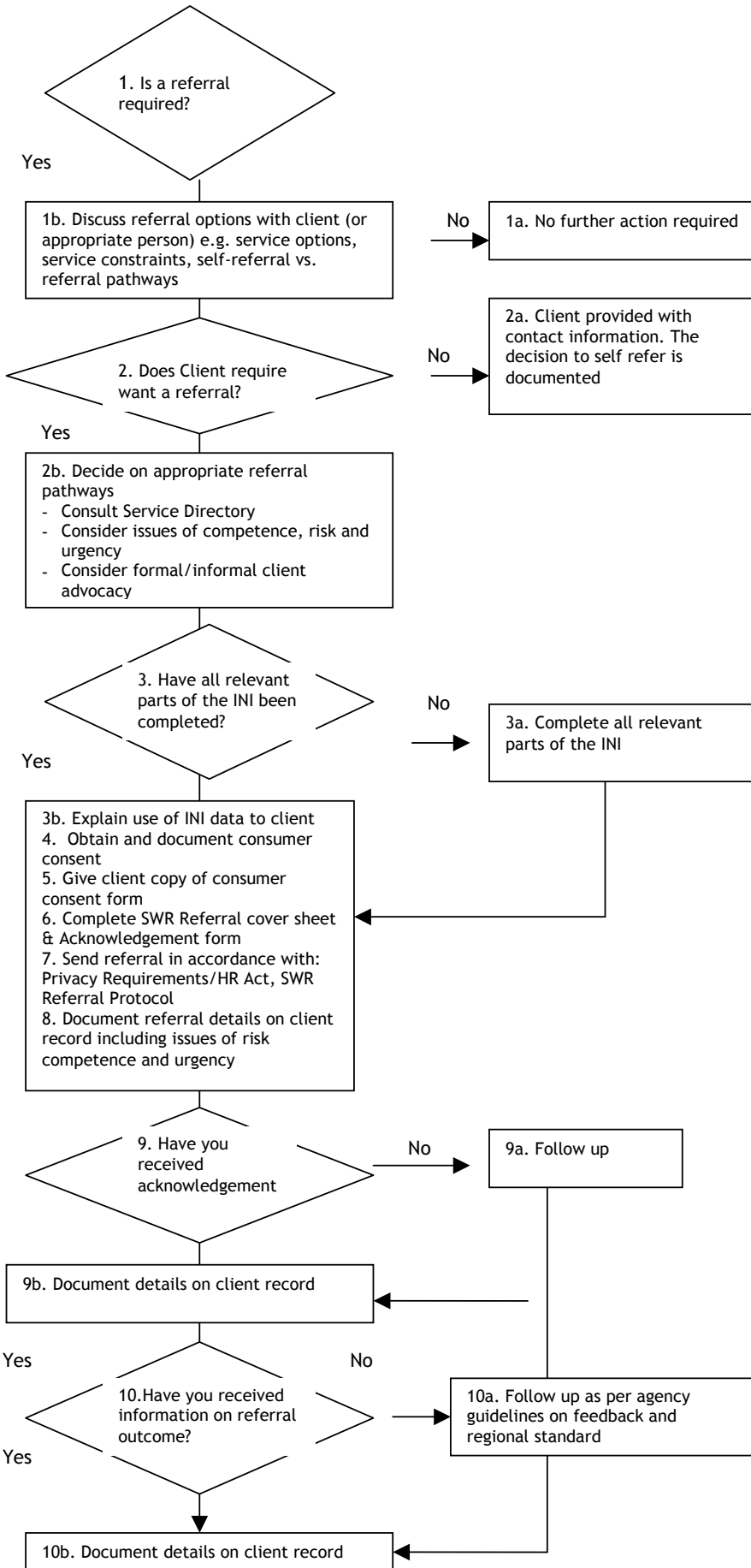
e Referral in the South West involves the generation of the Statewide Service Coordination tools in electronic form from a client management software system. For further information, please refer to the e referral package available from the SW PCP office.

Referrals are effected using existing email functionality and Winzip/Password encryption for secure transfer of information.

e-Referral is executed in accordance with above referral practice.

<sup>3</sup> Adapted from North Central Metropolitan PCP Service - Coordination Protocol Manual

## 5.2 Referral Processes: 'Initiating a Referral' Process Chart



### Initiating a Referral Process Supports

- Privacy Charter
- SWR Health & Community Support Services Directory
- SWR Health & Community Support Services Directory
- Agency Risk Assessment Tools
- Consumer Privacy Information Brochure
- DHS Service Coordination Tool template guidelines
- Relevant DHS coordination service Tools
- Consumer Consent Form
- Guidelines for Obtaining Consent
- SWR Referral Cover Sheet & Acknowledgement of Referral Form

- SWR Referral Cover Sheet & Acknowledgement of Referral Form
- SWR Referral Outcome Form
- Agency Guidelines on Referral Feedback

### 5.3 Referral Processes: 'Initiating a Referral' Service Practitioner Roles and Responsibilities and Performance Indicators

Process Steps	Roles and Responsibilities	Performance Indicators
<p><b>Process Step 1.</b> Determine the need for a referral</p> <p><b>Process Step 1a.</b></p> <p><b>Process Step 1b,2,2a.</b> Referral options and Processes are explained to consumer</p>	<p><b>Service Practitioner</b></p> <ul style="list-style-type: none"> <li>• Discusses consumer’s needs with the consumer</li> <li>• Considers the full range of consumer needs and the optimal way to meet these needs</li> </ul> <p><b>Process Step 1a.</b></p> <ul style="list-style-type: none"> <li>• No further action required</li> </ul> <p><b>Service Practitioner</b></p> <ul style="list-style-type: none"> <li>• Asks consumer whether they have already completed an INI or hold an INI/Service Record</li> <li>• Organises an interpreter if necessary and sources information from the SWR Health &amp; Community Support Services Directory</li> <li>• Explains referral options and processes and discusses the pros and cons of self referral</li> <li>• Offers to assist the consumer by making the referral on their behalf (in relevant situations e.g. crisis, emergency, consumer unable to make a self referral)</li> <li>• Assists consumer to make an informed choice</li> <li>• Provides consumers who are self referring with contact information and</li> <li>• Documents consumers choice</li> </ul>	<p>Practitioners have access to accurate information on appropriate services. Staff is appropriately trained to determine the need for a referral.</p> <p>Consumers are provided with accurate, comprehensive, timely and relevant information on:</p> <ul style="list-style-type: none"> <li>• Referral options (including self referral) and processes</li> <li>• Referral pathways and assessment processes</li> </ul> <p>and</p> <ul style="list-style-type: none"> <li>• His or her rights and responsibilities in relation to referrals and privacy requirements</li> </ul> <p>Consumers are provided with accurate information in a manner, which empowers them to make informed choices.</p> <p>Consumer decisions are accurately documented.</p> <p>Staff is appropriately trained in the use of Service Directories, referral processes and in provision of referral information.</p>
<p><b>Process Step 2b.</b> Appropriate referral pathways are decided</p>	<p><b>Service Practitioner</b></p> <ul style="list-style-type: none"> <li>• Consults the SWR Health &amp; Community Support Services Directory</li> <li>• Considers issues of competence, risk, urgency</li> <li>• Consider formal/informal client advocacy</li> </ul>	<p>Referral decisions are made in accordance with Service Coordination Tool Template, Guideline 1: Completing Consumer Information, especially consideration of risk</p> <p>The service provider has a clearly defined procedure for making referrals for consumers in crisis or emergency situation.</p>

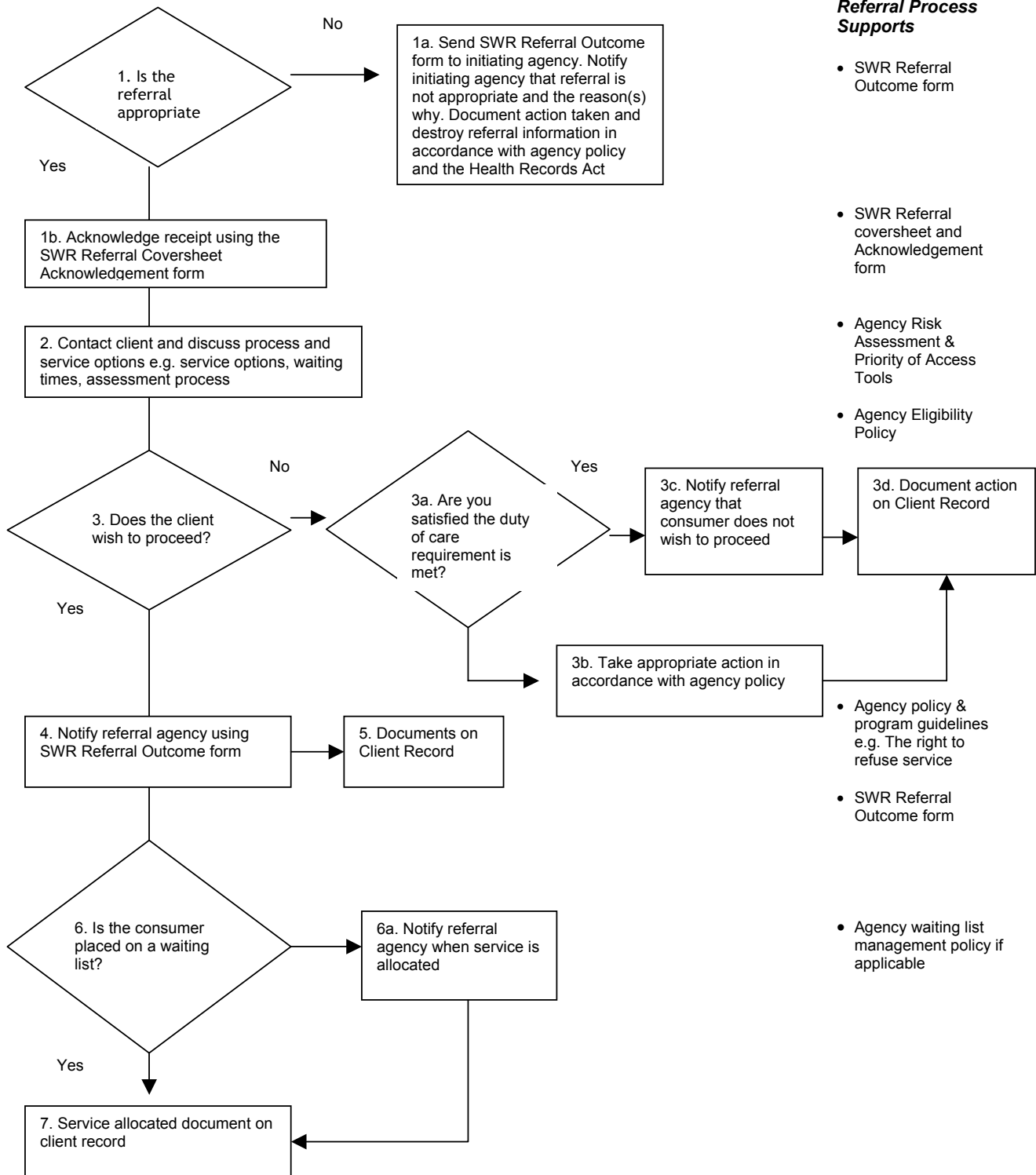
### 5.3 Referral Processes: 'Initiating a Referral' Service Practitioner Roles and Responsibilities and Performance Indicators (cont'd)

Process Steps	Roles and Responsibilities	Performance Indicators
<p><b>Process Step 3, 3a.</b> Determine if all relevant parts of the INI Tool, including the risk assessment are completed. Complete INI Tool as relevant.</p>	<p><b>Service Practitioner</b></p> <ul style="list-style-type: none"> <li>• Completes all relevant parts of the INI, including risk assessment, summary and referral information and relevant profiles</li> <li>• Determines 'priority of referral' low, routine or urgent</li> <li>• Stores consumer information in accordance with service provider procedures for managing consumer information</li> </ul>	<p>Relevant parts of the INI Tool and supplementary profiles are completed in accordance with the DHS Service Coordination Tool Template, Guidelines 1, 2 &amp; 3</p> <p>The referral process minimises duplication in the assessment and care of individuals.</p> <p>The full range of consumer needs is identified including opportunities for health promotion or illness prevention through the INI process. Information is collected in a sensitive manner, with particular regard to:</p> <ul style="list-style-type: none"> <li>• Cultural requirements</li> <li>• Language issues</li> <li>• Special communication needs</li> <li>• Privacy and confidentiality and anonymity where practical</li> </ul> <p>Information is collected and stored in a manner and environment, which protects consumer privacy.</p>
<p><b>Process Step 3b.</b> Use of INI data in referral process is explained to consumer</p>	<p><b>Service Practitioner</b></p> <ul style="list-style-type: none"> <li>• Explains use of INI data and consumer options, discusses consumer rights and responsibilities e.g. option of sharing all or some information and outlines proposed uses and disclosures</li> </ul>	<p>Consumers are provided with accurate, comprehensive, timely and relevant information about the use of consumer data in the referral process</p>
<p><b>Process Step 4.</b> Consumer consent is obtained and documented</p>	<p><b>Service Practitioner</b></p> <ul style="list-style-type: none"> <li>• Discusses consumer consent, and obtains consumer consent to referral(s) including information to be shared in accordance with DHS guidelines</li> </ul>	<p>Consumer consent is obtained and documented according to the DHS Service Coordination Tool Templates, Guidelines 5: Completing Consumer Consent prior to making a referral</p>
<p><b>Process Step 5.</b> A copy of Consumer Consent form and relevant INI pages/agency referral form is provided to consumer</p>	<p><b>Service Practitioner</b></p> <ul style="list-style-type: none"> <li>• Provides a copy of the Referral information to the consumer including a copy of the Consumer Consent form</li> </ul>	<p>Consumers are provided with a copy of Referral Information including a copy of the Consumer Consent form</p>
<p><b>Process Step 6.</b> The SWR Referral Coversheet and Acknowledgement form is completed</p>	<p><b>Service Practitioner</b></p> <ul style="list-style-type: none"> <li>• Completes the SWR Referral Coversheet and Acknowledgement form</li> </ul>	<p>Referral Coversheet and Acknowledgement forms are completed for referrals</p>

### 5.3 Referral Processes: 'Initiating a Referral' Service Practitioner Roles and Responsibilities and Performance Indicators (cont'd)

Process Steps	Roles and Responsibilities	Performance Indicators
<p><b>Process Step 7, 8</b> Referral is sent in accordance with privacy requirements and is documented</p>	<p><b>Service Practitioner</b></p> <ul style="list-style-type: none"> <li>Transmits the referral by secure fax or in accordance with the SWR e referral process</li> </ul>	<p>The service practitioner refers the consumer; with his or her consent to other service providers when needs are identified in accordance with the SWR Referral Protocol; DHS guidelines and privacy requirements.</p> <p>The service provider ensures that referrals are made within an appropriate timeframe according to client need.</p>
<p><b>Process Step 9.</b> Ascertain if acknowledgement of referral has been received</p> <p><b>Process Step 9a.</b> Non receipt of acknowledgement is documented</p> <p><b>Process Step 9b.</b> Acknowledgement of referral is documented in consumer record</p>	<p><b>Service Practitioner</b></p> <ul style="list-style-type: none"> <li>Documents acknowledgement of referral</li> <li>Follows up if no acknowledgement of referral is received</li> </ul>	<p>Acknowledgement of referral is documented on the consumer record.</p> <p>Acknowledgement of referral is followed up if not received within <b>48 hours</b> (two working days) of referring.</p> <p>Acknowledgement of an "urgent" referral is followed up in accordance with agency policy</p>
<p><b>Process Step 10.</b> Ascertain if information on outcome of referral has been received</p> <p>Outcome of assessment is communicated by 'receiving service provider' using the SWR Referral Outcome form as per agency guidelines e.g.</p> <ul style="list-style-type: none"> <li>Following initial assessment</li> <li>After treatment is in place and some progress is made</li> </ul> <p><b>Process Step 10a.</b> Non receipt of outcome of referral is followed up</p> <p><b>Process Step 10b.</b> Outcome of assessment is documented in the consumer record</p>	<p><b>Service Practitioner</b></p> <ul style="list-style-type: none"> <li>Verifies receipt of referral outcome</li> </ul> <p><b>Service Practitioner</b></p> <ul style="list-style-type: none"> <li>Follows up if no information is provided on the outcome of the referral within five days of the referral</li> <li>Documents outcome of assessment in the consumer record</li> </ul>	<p>Outcome of referral is communicated on the SWR Referral Outcome form with <b>five days of referral.</b></p> <p>Outcome of referral is followed up if not known.</p> <p>Outcomes of referral are documented on the consumer record.</p>

### 5.4 Referral Processes: 'Receiving a Referral' Process Chart



**Receiving a Referral Process Supports**

- SWR Referral Outcome form
- SWR Referral coversheet and Acknowledgement form
- Agency Risk Assessment & Priority of Access Tools
- Agency Eligibility Policy
- Agency policy & program guidelines e.g. The right to refuse service
- SWR Referral Outcome form
- Agency waiting list management policy if applicable

## 5.5 Referral Processes: 'Receiving a Referral' Service Practitioner Roles and Responsibilities and Performance Indicators

Process Steps	Roles and Responsibilities	Performance Indicators
<p><b>Process Step 1.</b> Determine the appropriateness of the referral</p> <p><b>Process Step 1a.</b> Inappropriate referrals are notified to initiating agency, using the SWR Referral Outcome form and referral information is managed in accordance with agency policy and the Health Records Act, 2001 requirements</p> <p><b>Process Step 1b.</b> Referral is acknowledged using the SWR Referral Coversheet and Acknowledgement form</p> <p>Acknowledgment is documented on consumer record</p>	<p><b>Service Practitioner</b></p> <ul style="list-style-type: none"> <li>Determines whether the referral is appropriate using the organisation's eligibility criteria</li> </ul> <p><b>Service Practitioner</b></p> <ul style="list-style-type: none"> <li>Notifies initiating agency, using the SWR Referral Outcome form of inappropriate referrals</li> <li>Destroys referral information</li> <li>Ensures that SWR Health &amp; Community Support Services Directory information is accurate</li> </ul> <p><b>Service Practitioner</b></p> <ul style="list-style-type: none"> <li>Acknowledges receipt of a referral by completing the SWR Referral coversheet and Acknowledgement form within 48 hours (two working days) of receiving the referral</li> <li>Documents acknowledgement in the consumer record</li> </ul>	<p>Appropriateness of referral is assessed against the agency / service eligibility criteria</p> <p>Staff are appropriately trained to determine the appropriateness of a referral.</p> <p>Inappropriate referrals are not accepted and are returned to the initiating agency, using the SWR Referral Outcome form.</p> <p>When appropriate referrals have been received, all referral information is managed in accordance with agency policy and the Health Records Act 2001.</p> <p>Receipt of referral is acknowledged by completing the SWR Referral Coversheet and Acknowledgement form within <b>48 hours</b> (two working days) of receiving the referral.</p> <p>The acknowledgement is documented on the consumer record.</p>
<p><b>Process Step 2.</b> Consumer is contacted and process and service options are discussed</p>	<p><b>Service Practitioner</b></p> <p>Contacts the client to discuss service options (assessment process; waiting times)</p> <ul style="list-style-type: none"> <li>Confirms whether referral is to proceed</li> </ul>	<p>Consumers are contacted to discuss the process and service options - including waiting times and assessment processes.</p> <p>Consumers are provided with information that will empower them to make decisions.</p> <p>The service practitioner responds to requests for additional information.</p>
<p><b>Process Step 3.</b> Determine the consumer's wish to proceed</p> <p><b>Process Step 3a, b, c &amp; d.</b> If not proceeding, consider duty of care requirements and the initiating agency is notified using the SWR Referral Coversheet and Acknowledgement form. The decision is documented on the client record.</p>	<p><b>Service Practitioner</b></p> <ul style="list-style-type: none"> <li>Confirms whether the consumer wishes to proceed</li> </ul> <p><b>Service Practitioner</b></p> <ul style="list-style-type: none"> <li>Ensures that duty of care requirements are met</li> <li>Notifies initiating agency if consumer does not want to proceed and gives reasons</li> <li>Documents decision on client record</li> </ul>	<p>Consumers are empowered to make choices.</p> <p>When the consumer does not wish to proceed with the referral, the service provider considers issues of: competence, risk and urgency and the need for formal/informal advocacy.</p> <p>If there are no concerns, the initiating agency is notified using the SWR Referral Outcome form.</p> <p>If the service has concerns, appropriate action is taken in accordance with agency policy.</p> <p>The decision is documented on the consumer record.</p>

### 5.5 Referral Processes: 'Receiving a Referral' Service Practitioners Roles and Responsibilities and Performance Indicators (cont'd)

Process Steps	Roles and Responsibilities	Performance Indicators
<p><b>Process Step 4.</b> Referral outcome is notified to initiating agency using the SWR Referral Outcome form</p>	<p><b>Service Practitioner</b></p> <ul style="list-style-type: none"> <li>• Completes the Referral Outcome section of SWR Referral Outcome form</li> <li>• Transmits referral outcome information to the service providers using secure fax or in accordance with SWR electronic referral process</li> </ul>	<p>Outcome of referral is notified to the initiating Agency using the SWR Referral Outcome form.</p> <p>Referral outcome information is transmitted using secure fax or in accordance with SWR electronic referral protocol.</p>
<p><b>Process Step 5.</b> Notification is documented on the consumer record</p>	<p><b>Service Practitioner</b></p> <ul style="list-style-type: none"> <li>• Documents referral outcome notification documentation in consumer record</li> </ul>	<p>Referral outcome notification is documented in the consumer record.</p>
<p><b>Process Step 6.</b> Determine if the consumer is to be placed on a waiting list</p> <p><b>Process Step 6a.</b> The referral agency is notified when the service is allocated</p>	<p><b>Service Practitioner</b></p> <ul style="list-style-type: none"> <li>• Completes Referral Outcome section of SWR Referral Outcome form notifying placement on waiting list</li> <li>• Completes Referral Outcome section of SWR Referral Outcome form when service is allocated</li> <li>• Transmits all referral outcome information to the service providers using secure fax or in accordance with SWR electronic referral process</li> </ul>	<p>Initiating agencies are notified if the consumer has been placed on a waiting list and re notified with the service outcome, when known, using the SWR Referral Outcome form.</p> <p>Referral outcome information is transmitted using secure fax or in accordance with SWR electronic referral process</p>
<p><b>Process Step 7.</b> The service(s) allocated are documented on the consumers file</p>	<p><b>Service Practitioner</b></p> <ul style="list-style-type: none"> <li>• Documents the service(s) allocated on the consumers file</li> </ul>	<p>Service allocation is documented on the consumer record.</p>

## 6.0 Consumer Consent

### 6.1 Consumer Consent Practice

#### Description

The practice of gaining consumer consent for the use and disclosure of health information is required in accordance with the Information Privacy Act (IPA) 2000 and the Victorian Health Records Act (HRA) 2001.

Information privacy applies to all forms of personal and health information and a key concept of privacy is that a consumer should be able, as far as practicable, to control the use and disclosure of personal information. Personal information is information about a person (e.g. name, age, gender) that identifies them; health information is broadly defined to include information about a person's physical, mental or psychological health or disability plus all personal information collected by health services.

The HRA is the privacy law that applies to most information handled by member (refer Appendix 9) agencies and contains 11 legally binding Health Privacy Principles with which organisation must comply. Information privacy refers to the control, collection, use, disclosure and disposal of information and the individual's right to control how their personal information is handled. The term 'use' means sharing information within a particular organisation (e.g. between individual practitioners, different program areas or services, or healthcare provider groups that operate under the one organisation or legal entity). The term 'disclosure' means sharing or communicating health information to organisations or individuals outside a particular organisation. (Refer DHS Privacy Kit August 2002: Information Sheet 5 - Use and disclosure).

Health information collected about an individual can only be used for the primary purpose for which it was collected, or, for a directly related secondary purpose without seeking further consent if this is within the reasonable expectations of the consumer.

Consumer consent is required to disclose their personal or health information. Consent can be expressed or implied (i.e. reasonably inferred from the action or inaction of the individual) and must be current, informed, specific (i.e. related to a clearly defined use of information for a specific period of time) and voluntary. In order to provide consent, a consumer must have legal capacity to make the decision to agree. Generally speaking it is reasonable for a practitioner to assume that a consumer has legal capacity unless there is evidence before them that raises significant doubt.

#### Gaining Consent Practice Involves:

- Discussing service and referral options and providing the consumer with enough information to understand what will be done with the referral or service coordination information
- Ensuring the consumer understands what information is being disclosed or shared
- Specifically listing the services to which information is being disclosed
- Ensuring the consumer understands the nature of what they are agreeing to and what is likely to happen as a result of it (e.g. it will lead to contact by an assessment officer, it will be stored in a secure electronic database)
- Gaining and recording the consumer's consent to the disclosure of their information on the standard Statewide Consumer Consent Form
- Updating consent so it is current where there has been a lapse of time or change in circumstances <sup>4</sup>

<sup>4</sup> Adapted from North Central Metropolitan PCP Service - Coordination Protocol Manual

## 6.1 Consumer Consent Practice (cont'd)

### Relevant Service Coordination Tools are:

- Statewide Consumer Consent Form
- 'Your Information - It's Private' Statewide Consumer privacy brochure information or agency equivalent which complies with privacy legislation

### Practitioner Responsibility

Gaining consent is undertaken by relevant practitioners during and/or following Initial Contact, Initial Needs Identification; prior to referrals and during care planning where this occurs between agencies.

## 7.0 Assessment

Assessment is an important element in achieving better access to services and health and care outcomes for consumers.

Assessment is an investigative process using professional and interpersonal skills, to uncover relevant issues, collect, weigh and interpret relevant information, and inform recommendations for treatment and care planning. Assessment includes a face-to-face interaction with a consumer and occurs where a service need is identified following Initial Needs Identification.

**Service specific** assessments are undertaken where consumers have a relatively straightforward, obvious and distinct need. They are undertaken by most agencies prior to service provision and are the means by which the client's needs are determined for service provision.

**Special assessments** are undertaken where the consumers presenting issues clearly requires a specialist service response. They aim to determine specialist needs and may include clinical assessment and treatment.

**Comprehensive assessments** are undertaken when consumers have multiple, complex or unknown needs. They involve an intense level of inquiry and may incorporate an advanced level of history taken, examination, observation, and measurement/testing about medical, physical, social, cultural and psychological dimensions of need.

Currently member agencies use their own assessment forms when providing assessment services building on information collected in the Initial Needs Identification process.<sup>5</sup>

<sup>5</sup> Adapted from North Central Metropolitan PCP Service - Coordination Protocol Manual

## 8.0 Care Planning

### 8.1 Care Planning Practice

#### **Description:**

Care planning and service coordination planning is the outcome of the needs identification and assessment process and involves the determination of appropriate actions and services to meet the consumer's needs and goals. Care plans document the care or treatment goals for the consumer/carer and services to be provided. They specify key agencies, the service type, levels and frequency of service provision, review dates and key workers. The needs identification, assessment and care planning cycle are dynamic with constant review as the consumer's circumstances and needs change.

#### **Care planning involves:**

- Organising service responses based on the information gathered, findings and options identified at Initial Contact, Initial Needs Identification and Assessment taking into account relative risk, urgency and priority
- Coordinating service responses (as far as possible) to the full range of the consumer's needs including health promotion or illness prevention opportunities, as well as capabilities and potential
- The provision of care coordination and/or case management including case conferences, the management of brokerage funds etc.
- Review, re-assessment and monitoring
- Discharge/service exit

#### **Relevant Service Coordination Tools are:**

- Individual agency or program care or treatment plans
- Service Coordination Plan - this form has been designed for use with consumers with both multiple agency involvement and complex needs

#### **Practitioner Responsibilities**

Care planning is undertaken by competent practitioners, following Initial Needs Identification and/or assessment and/ or review/ re-assessment <sup>6</sup>

<sup>6</sup> Adapted from North Central Metropolitan PCP Service - Coordination Protocol Manual