

Service Coordination Survey

Summary Report

December 2008

Background

Since 2001, Primary Care Partnerships (PCP) have been working toward improving the way health and human services are coordinated. Service Coordination is a key element of the Primary Care Partnership Strategy, which ensures that people have access to the services they need, opportunities for health promotion, early intervention, coordinated care and improved outcomes. The practice of Service Coordination particularly supports more effective ways of working with people with chronic conditions and complex needs. For example, it provides a good foundation for the practice of integrated chronic disease management.

Today, the practice of Service Coordination is well accepted by most agencies; however, it has been difficult to measure the depth and breadth of implementation of Service Coordination. In order to gauge these, a web based Service Coordination Survey was completed by PCP member agencies, that have implemented Service Coordination.

Method

The survey is a component of the Continuous Improvement Framework that supports the Victorian Service Coordination Practice Manual. The Continuous Improvement Framework is a tool developed by Primary Care Partnership member agencies to monitor Service Coordination implementation for quality improvement, planning and reporting purposes. The benefit of using the Continuous Improvement Framework as a basis for the survey is that it uses a system of quality improvement that is already in place.

Agencies were given some flexibility in how to gather the information to complete the survey. They were given a choice of a snapshot recording of their practice over one week for a maximum of 30 consecutive admissions to the agency. Or agencies could use a retrospectively approach and audit 30 files of consecutive admissions within a one week period.

Responses to the survey questions were provided electronically using Microsoft Excel and then emailed to a central mailbox at the Department of Human Services (DHS) for analysis and reporting back to agencies and PCPs.

Agency Response to Survey

Of the agencies that have implemented Service Coordination, 203 (40%) agencies responded to the Service Coordination Survey, this includes a total of 636 programs.

There was an even distribution of the data collection method. Of the participating agencies 46% collected data using a Snapshot of practice over one week, 34% used an audit system and the remaining agencies used other methods.

The majority of the respondents represent core PCP members such as local government, metropolitan and rural health services, district nursing and community health. Local non-governmental organisation, family support, disability support and palliative care agencies also submitted responses, indicating the broadening of the PCP membership.

Community Health and Home & Community Care (HACC) are highly represented given these program areas have mandated the implementation of improved service coordination practice through engagement with Primary Care Partnerships (table 1).

Table 1: Program Response to Survey

Program	Total number of responses
HACC	189
Community Health	83
Disability Services	51
Aged Care Assessment	40
Allied Health	34
Mental Health	32
Hospital Admission Risk Program (HARP)	26
Post Acute	24
Child Protection and Family Services	20
Drugs Services	17
Admitted patients	16
Sub Acute	14
Palliative Care	14
Early Years Services	14
Outpatients	13
Homelessness assistance	12
Dental Services	11
Youth Justice and Services	11
Emergency Services (includes 24 hour emergency respite support)	10
Long-term housing assistance	4
Ambulance Services	1

Survey Results

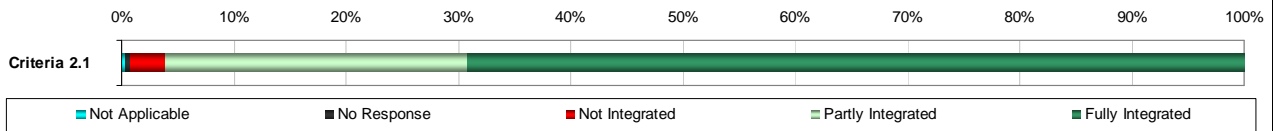
The Statewide Service Coordination Survey results (graph 1) indicate mature levels of service coordination implementation in most of the areas covered by the survey. This is an indication of the impact of seven years of service system reforms led by PCPs and the maturity of the enablers to support changes to practice.

Particular areas of consistent practice includes obtaining client consent for disclosure of information, response to urgent and routine referrals, monitoring clients between referrals and providing referral feedback. These areas are vital to achieve efficient sharing of client health and care information, effective coordination of services and preventing clients from 'slipping between the gaps'.

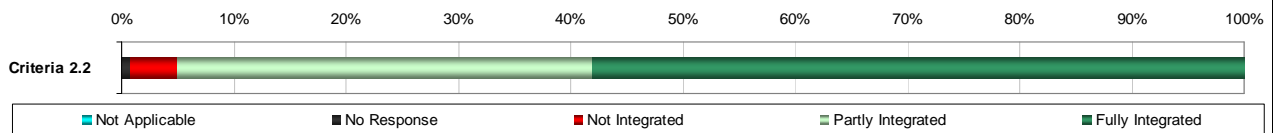
Criterion 6.8 indicates the use of a coordinated care plan requires significant improvement. In addition criterion 6.11 shows there are low-levels of sharing this care planning information with General Practice. The Primary Health Branch together with Divisions of General Practice is leading work to specifically address this issue. Other Branches of the Department such as Access and Metropolitan Performance are working towards improved communication between hospital outpatient clinics and GPs.

Graph 1: Statewide results: Criteria taken from the Continuous Improvement Framework.

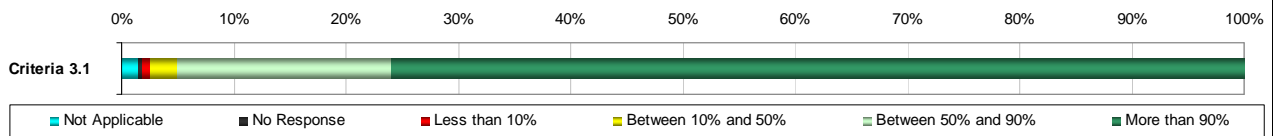
Criteria 2.1. Your agency has integrated Service Coordination principles into consumer feedback systems, for example, consumer satisfaction surveys, complaints procedures, informal mechanisms.



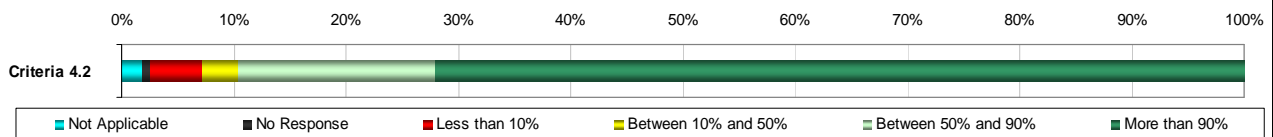
Criteria 2.2. Your agency has integrated Service Coordination practice standards and program requirements into its policy, work plans and position descriptions where applicable.



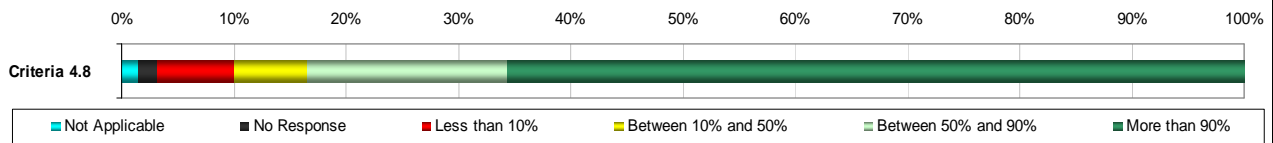
Criteria 3.1. Consumers have been given information about specific services provided by your agency in response to their enquiry (such as: when & where the service is provided, any eligibility or access criteria & how to get an appointment) within 1 working day of making contact.



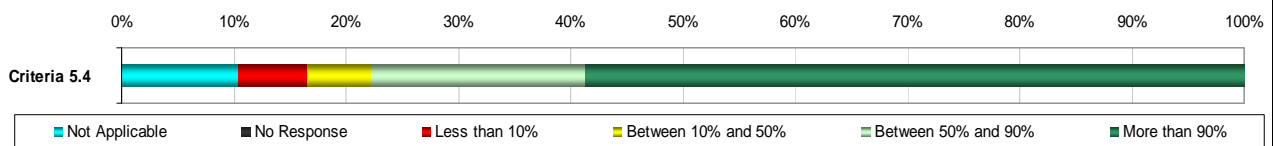
Criteria 4.2. Your agency conducts Initial Needs Identification within no more than 7 working days of Initial Contact.



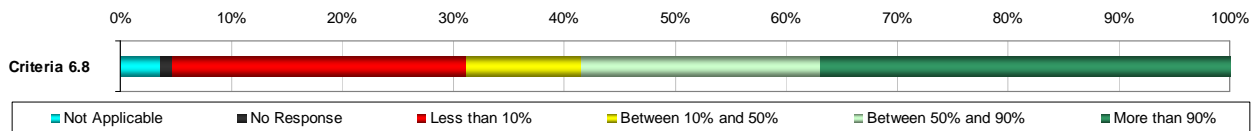
Criteria 4.8. Service Coordination Tool Templates have been used for referral in accordance with policy (for example, DHS program or agency policy) and the Service Coordination Tool Templates 2006 user guide & reference guide.



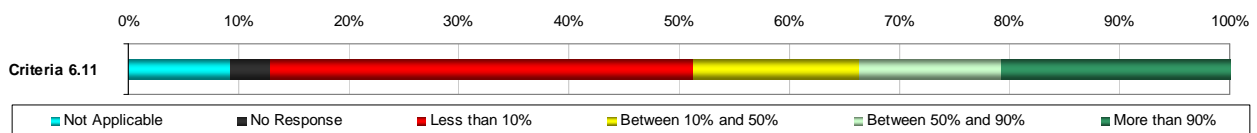
Criteria 5.4. Where a waiting period between the referral and assessment occurs, the health and wellbeing of consumers have been monitored as appropriate, according to risk.



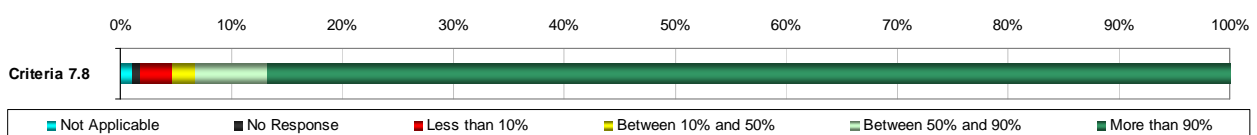
Criteria 6.8. Service Coordination Plans (which provide an overarching summary care plan linking the service specific care plans and within-agency care plan) have been documented for consumers with complex or multiple needs who are receiving services from more than one agency.



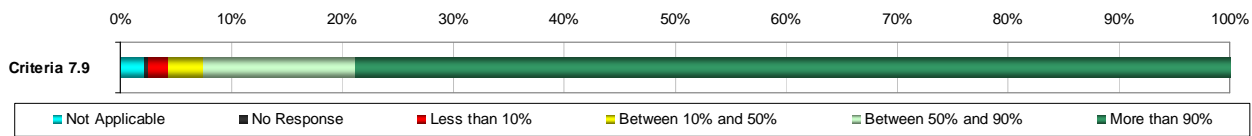
Criteria 6.11. When there is a Service Coordination Plan, the consumer's GP has a copy of the agreed Service Coordination Plan (if appropriate).



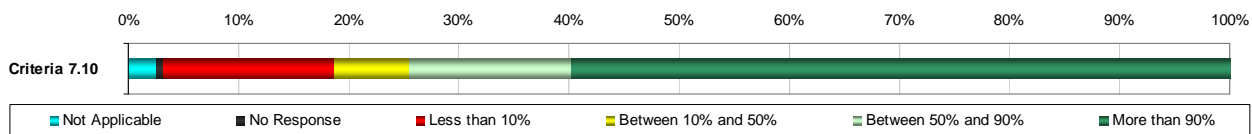
Criteria 7.8. When your agency is the receiving agency, it has responded to 'urgent referrals' within 2 working days of receipt.



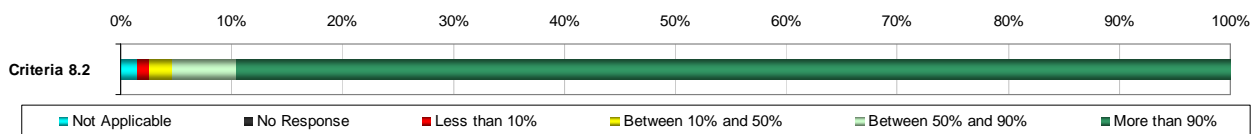
Criteria 7.9. When your agency is the receiving agency, it has responded to 'low' or 'routine' referrals within 7 working days of receipt.



Criteria 7.10. When your agency is the receiving agency, it transmits the Referral Acknowledgement to the agency which initiated the referral within 7 working days of receiving the referral.



Criteria 8.2. When your agency is the referring agency, the consent form has been completed for all referrals requiring the disclosure of personal information.



Feedback Reports

Tailored feedback reports have been provided to DHS program areas, DHS Regions, PCP Executive and PCP member agencies.

PCPs

This quantitative analysis provides an opportunity for PCPs to identify specific areas for further resources and development, to be strategically integrated in their three year plan. PCPs can use these results to identify the agencies which require further support and those that have well developed service coordination to lead or model practice. This is valuable data for the PCP service coordination project managers to identify where to focus their resources to gain maximum impact. In addition, the survey provides evidence for the credibility of PCPs as a platform to deliver service system reform and creates a benchmark for PCPs to measure the effectiveness of future strategies and interventions to further strengthen service coordination.

Agencies

At an agency level the service coordination survey provides a vehicle to review their current practice and identify the areas that need improving. In addition, the results produce evidence for existing quality assurance systems within the agencies. The survey is not limited to assessing practice within an organisation but also measures the effectiveness and efficiency of their communication with partnering PCP members. Agencies can also benchmark their service coordination practice against other agencies within their PCPs.

DHS

The survey provides DHS with quantitative evidence that PCPs have a mature service coordination platform to deliver future service reforms. The results are disseminated to relevant DHS program areas to support implementation of service coordination. Analysis of the results assists in targeting effort to areas of need.

The survey content and process will be reviewed and evaluated in consultation with DHS program areas, PCP members and accreditation organisations to build on the efficiency and accuracy of successive surveys. The statewide service coordination survey will form part of annual reporting requirements for PCPs.

MORE INFORMATION

Further information is available on the Victorian Government Health Information Web site (www.health.vic.gov.au/pcps/coordination). Alternatively contact Shelly Lavery from DHS (email shelly.lavery@dhs.vic.gov.au or tel. 9096 1322).