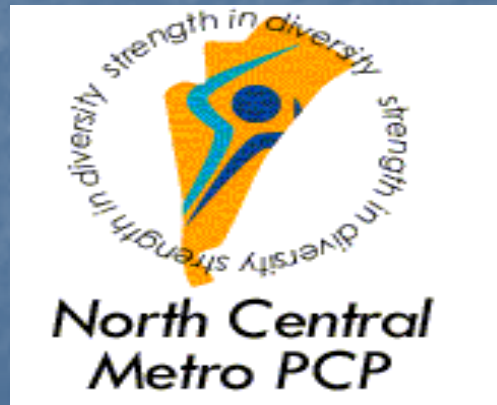


SERVICE COORDINATION

YARRA HACC AND
HOMELESSNESS FORUM



North Central Metropolitan Primary Care Partnership

4 Key Deliverables

- Partnership Development
- Integrated Health Promotion
- Service Coordination
- Integrated Chronic Disease Management

Contact NCMPCP

- Phone: 9480 3044
- Fax: 9480 6399
- Web: www.ncmpcp.org.au

WHAT DOES SERVICE COORDINATION DO?

Service Coordination

- Places consumers at the centre service delivery
- Ensures consumers have access to the services they need
- Supports opportunities for early intervention, health promotion and improved health and care outcomes.¹
- 1 Better Access to Services: A Policy and Operational Framework. Pg. 1. DHS June 2001

What is Service Coordination

- It is a statewide approach to align practices, processes, protocols and systems to enable organisations to work together to provide a seamless and integrated response to consumers

Service Coordination Resources

1.
Victorian
Service
Coordination
Practice
Manual

2.
Good Practice
Guide

3.
Continuous
Improvement
Framework

4.
SCTT 2009
User Guide

WHY DO WE NEED SERVICE COORDINATION?

In response to problems
experienced by consumers

WHO IS INVOLVED IN SERVICE COORDINATION?

- Service providers
- Receptionists
- Intake workers
- Outreach workers
- Duty workers
- Consumers

PRINCIPLES OF SERVICE COORDINATION

- A central focus on consumers
- Partnerships and collaboration
- The social model of health
- Protection of consumer information
- Engagement of other sectors
- Consistency in practice standards

OBJECTIVES OF SERVICE COORDINATION

Accurate and relevant information

Choices and informed decisions

Access to services

Engagement of consumers and carers

A seamless and coordinated system

Facilitate consumer participation

SOME BENEFITS OF SERVICE COORDINATION

Consumers:

- Up to date information about services
- Standard practice in service and approach from each agency
- A coordinated response to their needs
- Reduces duplication in providing information

BENEFITS CONT.

Practitioners:

- Improved information and referral feedback
- Less inappropriate referrals
- More knowledge of local service systems
- Human Services Directory
- Central intake system
- Improved coordination with other agencies

BENEFITS CONT...

Agencies:

- Improved identification of clients' needs
- Prioritisation of access
- Improved waiting list management
- Increased knowledge of service demand by clients
- Better procedures to support 'walk in' clients.

TOOLS, RESOURCES AND SYSTEMS

- SCTT
- Human Services Directory
- eReferral

SCTT

The SCTT is a suite of tools to support Service Coordination

Comprise of:

- Core
- Optional
- Supplementary

THE ELEMENTS OF SERVICE COORDINATION

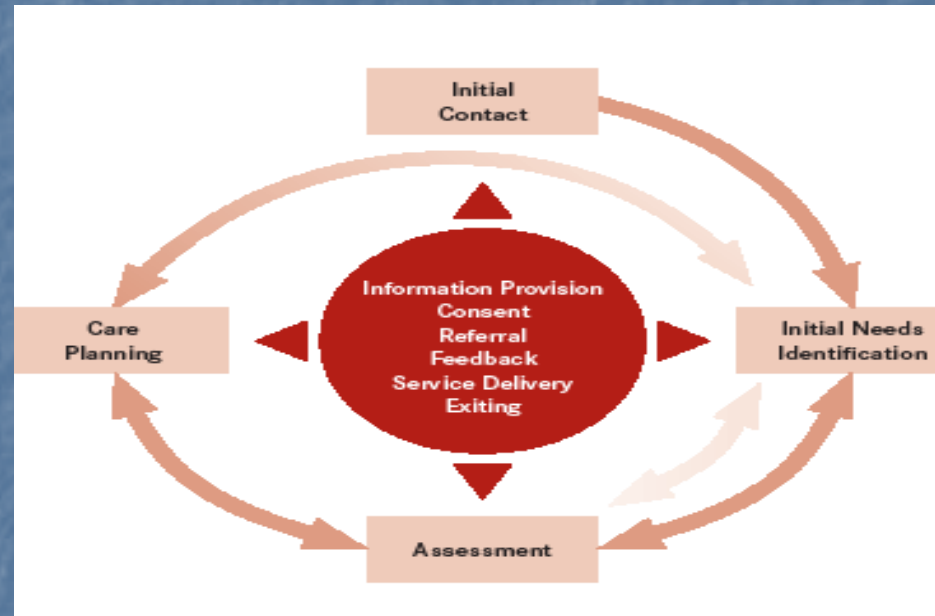
- Initial Contact
- Initial Needs Identification
- Assessment
 - Service Specific
 - Specialist
 - Comprehensive
- Care Planning.
- Referral is a key part of Service Coordination. Referrals can occur at, or out of, any of the elements of Service Coordination.

THE VICTORIAN SERVICE COORDINATION PRACTICE MANUAL

- Practices, processes, protocols and systems which guide the roles, responsibilities and practice of all staff involved in Service Coordination.
- Generic guide only – will be tailored to suit individual agencies

**HOW DOES IT
ALL FIT?**

Service Coordination Elements



INITIAL CONTACT - IC

Initial Contact is the first point of contact by a consumer with the service system and includes:

- the provision of accurate service information,
- the provision of other information
- direct access to services via Initial Needs Identification (the next step)
- Referral to external agencies if necessary

IC & VSCPM

- Good Practice Indicators Include:
- Expected response time to consumers making Initial
- Contact
 - Agency roles and responsibilities in relation to Initial Contact. E.G each agency is expected to be an entry point into the range of services and programs within a particular catchment
 - "NO WRONG DOOR"
 - Privacy and consent requirements
 - The minimum skills and competency of workers involved in Initial Contact

INITIAL NEEDS IDENTIFICATION - (INI)

Ini is an initial screening for risk and service requirements

- Looks beyond the presenting issues
- **Not a diagnostic process**
- Allows for early identification of consumer's needs and health promotion opportunities
- Consumers can be informed about the range of service options available to meet their needs

INI and REFERRAL

Where a **referral** is required, the INI practitioner must:

- Complete the appropriate parts of the SCTT
- Make referrals on the SCTT
- Adhere to the requirements of the Privacy Act.
- Make referrals in accordance with agreed VSCPM

INI & VSCPM

- Expected response times
- Agency roles and responsibilities
- Privacy and consent requirements.
- The quality, accuracy and level of detail documented on the SCTT
- Minimum skills and competencies
- Minimum standards for crisis management.

ASSESSMENT

Assessment

- Service Specific Assessment
- Specialist Assessment
- Comprehensive Assessment

ASSESSMENT & VSCPM

- Privacy and consent
- Minimum skills and competencies
- Crisis management
- Referring agencies should be notified of outcome within 14/7 of assessment

CARE PLANNING

- Refer to VSCPM

CARE PLANNING & VSCPM

- Roles and responsibilities of agencies
- Terms of Reference for Multi-disciplinary Care Planning Meetings
- Role description of the Key Worker
- Triggers for the development of a Care Coordination Plan
- Communication and engagement processes
- Processes for monitoring, recall and review of Care Coordination Plans

REFERRAL

- Can occur at anytime
- Consumer can be referred for:
 - Information
 - Reassessment/review
 - Health promotion activities including groups
 - INI
 - All staff involved in Service Coordination can refer.

REFERRAL & VSCPM

- Referral options and processes
- Obtain client consent
- Support consumer to make self referral
- Source agency information via HSD or local directory
- Explain waiting times and service limitations (if known)
- Provide copy of SCTT if appropriate

SENDING ASSISTED REFERRAL

- Complete relevant SCTT forms
- Privacy requirements
- Prioritise referral as low, routine or urgent
- *Your Information-It's Private* brochure
- Urgent referral sent within 1 working day of obtaining consent
- 'Low' or 'routine' referral sent within 7 days of obtaining consent
- Follow-up crisis referral with SCTT

RECEIVING A REFERRAL

- Acknowledge urgent referrals within 2 days
- Acknowledge routine referrals within 7 days
- Referral outcome within 14 days of assessment

Websites

- <http://www.health.vic.gov.au/pcps>
- <http://www.health.vic.gov.au/pcps/coordination/index.htm>
- www.vicpcp.org.au
- www.connectingcare.com.au
- www.s2s.org.au