Goulburn Valley Primary Care Partnership

2015 Service Coordination Survey Participating Agency Report

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Service Coordination Results Report

Introduction

The state wide service coordination survey has been administered, at varying time intervals, by Department of Health and Human Services (DHHS) since 2008. This is the fourth time Goulburn Valley Primary Care Partnership (GVPCP) member agencies have participated. It is one component of PCP annual reporting requirements.

2015 saw DHHS sub contract administration of the survey to an external company. This process worked well and with minimal issue. This report has been extracted from submitted data and will be cross referenced with DHHS reports when they are released.

Demographics

Participation

Nine organizations participated completing surveys for 12 program areas. Participating agencies included:

- Cobram District Health
- FamilyCare
- GV Health
- Greater Shepparton City Council (GSCC)
- MHA Care
- Nathalia District Hospital
- Numurkah District Health Service
- Primary Care Connect
- Yarrawonga Health

Organisation Description

A mix of agency types responded to the survey with funding allocations listed as:

- Aged and home care – HACC other (n=8)
- Aged and home care – ACAS* (n=1)
- Aged and home care – HACC assessment (n=2)
- Community Health Service – Integrated CHS (n=4)
- Community Health Service – Registered CHS (n=1)
- Community Health Service – other (n=1)
- Disability (n=1)
- Nursing (n=1)

*DHHS included this within an organisation's Aged and home care – HACC other however site did not participate.

Results and comments

Q 3. Which secure electronic messaging/communication system/s does your agency currently use?

System	Response (%/n)
ConnectingCare	83.33% (n=10)
BETTI	58.33% (n=7)
S2S	8.33% (n=1)

Q 4. Which client information management software application/s does your agency currently use?

Application	Response (%/n)
UNITI	41.67% (n=5)
Harrison (Health Management System)	25% (n=3)
HMS	25% (n=3)
Other: - ONCALL - Vital - E-tools	25% (n=3)
SWITCH	8.33% (n=1)
TCM	8.33% (n=1)
TrakCare	8.33% (n=1)

Health Management Systems owns HMS Patient and client management, and Harrison scheduler; a scheduling/appointment system. Harrison scheduler would not be considered an information management software application. The predominant client management system in GVPCP is currently UNITI.

Q 5. Does the client management software application support Service Coordination Tool Templates (SCTT) or the SCTT General Practice referral?

Yes 91.67% (n=11)
No 8.33% (n=1)

Q 6. Which version of SCTT does your agency use in your client information management software?

Version	Response
2006	27.27% (n=3)
2009	27.27% (n=3)
2012	45.45% (n=5)
1 respondent skipped question	

Where information management software supports SCTT updated versions of product are likely available with associated product cost to user.

Q 7. Has a local agreement been developed to support shared care/case planning (formerly care coordination plan) between services?

Yes 25% (n=3)
No 75% (n=9)
Two yes respondents to this are HACC assessment service funded and are signatory to Hume region HACC assessment service protocol and HACC district nursing, allied health and aged care assessment service.

Q 8. Has a local agreement to support shared care/case planning between services been implemented in your organization?

Yes 16.67% (n=2)
No 83.33% (n=10)
The two HACC assessment services who have agreements report they have been implemented.

Q 9. Has a documented and agreed communication process been developed to support communication with general practice?

Yes 41.67% (n=5)
No 58.33% (n=7)
The five respondents to yes were involved in the GVPCP 2012 General Practice Communication Project. Re-visiting GP communication in 2016 will be a focus for GVPCP member agencies and offers opportunity to work with Murray Primary Health Network (PHN).

Q 10. Has the documented, agreed communication process with general practice been implemented by your agency?

Yes 8.33% (n=1)
No 91.67% (n=11)
Although approximately 42% respondents have a process, only 8.3% are implementing this process.

Q 11-13: Table 1

Program #	Q 11 - #Consumer files randomly audited	Q 12 - Of those audited; #INI conducted	Q 13 - Of those with INIs; #documented decisions about actions
1	30	100% (n=30)	100% (n=30)
2	30	0% (n=0)	0% (n=0)
3	30	100% (n=30)	100% (n=30)
4	30	87% (n=26)	100% (n=26)
5	30	100% (n=30)	100% (n=30)
6	30	100% (n=30)	100% (n=30)
7	30	40% (n=12)	100% (n=12)
8	30	90% (n=27)	100% (n=27)
9	30	100% (n=30)	97% (n=29)
10	30	100% (n=30)	100% (n=30)
11	30	100% (n=30)	100% (n=30)
12	32	100% (n=32)	100% (n=32)
Average		84.75% (n=12)	99.7% (n=11)

All organisations audited minimum 30 files with one organization auditing 32. One program did not conduct any initial needs identification (INI) with the greatest 100% conducted by eight programs.

Of the INIs conducted an average of 99.7% resulted in documented decisions about appropriate actions confirming the importance of INI process.

Q 14. Does your agency use Service Coordination Tool Templates to make referrals?

Yes we only use SCTT	100% (n=7)
Yes, we use SCTT and other templates	100% (n=5)
No, we only use other templates	0% (n=0)

Other templates listed were:

- Coldfusion electronic referrals, internal organisation referral forms
- Carer support
- BETTI
- Range of organisations own referral forms eg Carer support, Villa Maria

Q 15. Where you use templates other than SCTT for referrals, which programs are these referrals for (n=5)?

Aged and home care – ACAS	40% (n=2)
Aged and home care – HACC assessment	40% (n=2)
Aged and home care – HACC other	40% (n=2)
Aged and home care - other	20% (n=1)
Allied health	80% (n=4)
Community Health Service – other	40% (n=2)
Other/further details	20% (n=1)
Disability	20% (n=1)
Housing and homelessness	20% (n=1)
Mental Health	60% (n=3)
Nursing	20% (n=1)
Problem gambling	20% (n=1)
Women's Health	20% (n=1)

The greatest program where templates other than SCTT are used are allied health (80%) and mental health (60%). This may be allied health in private sector as publicly funded allied health services likely be using; sending and receiving SCTT.

Q 16-18: Table 2

Program #	Q 16 - #Consumer files randomly audited	Q 17 - Of those selected: how many referrals of any type were sent?	Q 18 - Of the referrals made: how many were sent using SCTT?
1	30	30	67% (n=20)
2	30	30	40% (n=12)
3	30	38	100%(n=38)
4	30	30	3%(n=1)
5	30	30	100% (n=30)
6	30	26	100% (n=26)
7	30	40	50% (n=20)
8	30	3	33% (n=1)
9	30	32	84% (n=27)
10	30	15	100% (n=15)
11	30	38	79% (n=30)
12	32	31	100% (n=31)
Average			71.3%

An average of 71.3% referrals were made using SCTT.

Q 19. For each SCTT listed below, please indicate your agency's usage/view?

	Not used	Used but of no value	Used and of some value	Used and a lot of value
Accommodation & safety arrangements	33.33% 4	0.00% 0	41.67% 5	25.00% 3
Alcohol, smoking & substance involvement screening (ASSIST)	58.33% 7	16.67% 2	16.67% 2	8.33% 1
Ambulance Victoria Referral	100.00% 12	0.00% 0	0.00% 0	0.00% 0
Care relationships, family & social network	41.67% 5	0.00% 0	16.67% 2	41.67% 5
Consent to share information	0.00% 0	0.00% 0	0.00% 0	100.00% 12
Consumer information	0.00% 0	0.00% 0	16.67% 2	83.33% 10
Functional assessment summary	33.33% 4	0.00% 0	16.67% 2	50.00% 6
General practice referral	75.00% 9	0.00% 0	25.00% 3	0.00% 0
Health & chronic conditions	33.33% 4	0.00% 0	41.67% 5	25.00% 3
Information exchange summary	66.67% 8	0.00% 0	33.33% 4	0.00% 0
Need for assistance with activities of daily living	33.33% 4	0.00% 0	33.33% 4	33.33% 4
Palliative care supplementary information	91.67% 11	0.00% 0	8.33% 1	0.00% 0
Referral cover sheet & acknowledgement	16.67% 2	0.00% 0	50.00% 6	33.33% 4
Shared support plan	25.00% 3	0.00% 0	50.00% 6	25.00% 3
Single page screener for health & social needs - consumer adminstered	75.00% 9	0.00% 0	25.00% 3	0.00% 0
Single page screener for health & social needs - service provider administered	58.33% 7	0.00% 0	33.33% 4	8.33% 1
Social & emotional wellbeing	50.00% 6	0.00% 0	33.33% 4	16.67% 2
Summary & Referral	0.00% 0	0.00% 0	16.67% 2	83.33% 10

The four most used deemed to be of use and some/a lot of value were:

- Consent to share information
- Consumer information
- Summary and referral
- Referral cover sheet and acknowledgement

Q 20. If you used one or more of the SCTTs listed above, please tell us why you value these templates.

92% (n=11) responded

#	Responses
1	Appropriate for nursing services
2	Reduce duplication of the collection of HACC MDS items. Provide information about the clients situation to assist in developing knowledge of the clients need and support systems in place when provided home based care.
3	Consumer details and clearly recorded consent are always of value. The summary and referral section clearly identifies other services involved in care, and provides adequate space to record appropriate referral information.
4	Health conditions - very useful for determining priority Summary & Referral - allows for additional information about client to be added. Carer relationships - identifies informal supports in place, helps determine priority for assessment.
5	Forms used are quick and easy way to capture and disseminate information to others for referral purposes. Ensures that all staff are gathering and providing information in a coordinated manner.
6	We use most of the above templates when information regarding these are provided. Some of which are required for reporting purposes and others that are more beneficial to our direct practice with clients. Those of most value to us are consumer information, functional assessment (of the care recipient) and summary and referral as they are most appropriate to capture an initial picture of carer need. These templates are also used for our Hospital to Home Program.
7	Consent to share has all the required information and is easy to access information at a glance. Consumer information - as above
8	Our agency uses the consent to share information and functional assessment on intake. Clinicians use the shared support plan as the client care plan. Referrals received and sent using the summary and referral and referral cover sheet and acknowledgement
9	The template provides the information for an appropriate referral
10	simple effective set of tools
11	Client information sheet - provides sufficient details about the client to be useful; Summary and referral - able to freely add information; consent form (V2009) - good however the 2012 version does not have sufficient lines to add in services consented to

Q 21. If you do not use or value one or more of the SCTTs listed above, please tell us why you don't value or use certain templates.

67% (n=8) responded

#	Responses
1	NA
2	The other listed SCTT's are not appropriate
3	No palliative referral, ambulance Victoria referrals, or General Practice referrals in sample of files.
4	Some forms not used as this information is captured elsewhere within the electronic client information system. eg, chronic conditions captured in specific area within UNITI.
5	Of the templates not used, some of these double up on information captured by other means eg client is registered on Uniti with all information entered (rather than using the consumer information sheet)
6	Need not required for HACC
7	not applicable
8	Not available via BETTI (2009) Other forms generally found to be too unwieldy for staff, insufficient capacity to add information. Some asking for information from clients unrelated too reason from presentation, has potential to be disruptive to building rapport

Q 22. Within your agency, do you have any consumers/clients/patients with multiple or complex needs who are receiving services from more than one service provider, whether within or outside your agency?

100% (n=12) answered yes to this question.

Q 23-26. Table 3

The next set of questions focus on clients with multiple or complex needs. We ask you to; use a different set of records to audit for this question.

Program #	Q 23 - How many records did you select for audit	Q 24 - How many of these clients have a shared care/case plan?	Q 25 - For those with shared care/case plan, how many have an identified GP?	Q 26 – Of those with an identified GP how many shared care/case plans have been communicated with a client's GP?
1	30	50% (n=15)	100% (n=15)	100% (n=15)
2	30	17% (n=5)	0% (n=0)	N/A
3	30	70%(n=21)	48% (n=10)	0% (n=0)
4	30	13% (n=4)	25% (n=1)	100% (n=1)
5	30	100% (n=30)	67% (n=20)	20% (n=4)
6	23	78% (n=18)	100% (n=18)	89% (n=16)
7	30	43% (n=13)	38% (n=5)	0% (n=0)
8	6	50% (n=3)	100% (n=3)	100% (n=3)
9	30	97% (n=29)	72% (n=21)	90% (n=19)
10	30	27% (n=8)	100% (n=8)	0% (n=0)
11	45	53% (n=24)	100% (n=24)	75% (n=18)
12	41	39% (n=16)	100% (n=16)	69% (n=11)
Average		53%	71%	58%

An average 53% complex clients have a shared care/case plan present. Of these 53% an average 71% have an identified GP, and the case plan has been communicated to the GP on average 58%. These results link with GP communication systems measure.

Q 27. In your agency's quality improvement work, what main area(s) related to service coordination does your agency currently focus on, if any?

Answer Choices	Responses	
Communication with general practice	50.00%	6
Implementing single page screener	8.33%	1
Initial needs identification	66.67%	8
Referral	58.33%	7
Shared care planning	66.67%	8
Other	0.00%	0
Total Respondents: 12		

#	Other (please specify)
1	Significant focus over past 18 months on use of electronic case notes, which has progressed to all staff utilising a fully electronic file for client records.
2	Carer Needs assessment

Dominant work areas include initial needs identification, shared care planning, followed by referral and communication with general practice – all components of service coordination survey and elements of Victorian Service Coordination Practice Manual.

Q 28. Has your PCP helped or supported your agency to improve its service coordination practice?

100% (n=12) responded

Answer Choices	Responses	
Yes	33.33%	4
Somewhat	50.00%	6
No	16.67%	2
Total		12

Q 29 - Please describe the help or support offered by your PCP to improve your agency's service coordination practice.

67% (n=8) responded

#	Responses
1	No direct support to specific progam area, however aware of PCP work in broader sector to further implement and embed service coordination.
2	Support in completing ACIC and developing plan based on results
3	Ability to meet with other agencies and discuss what each agency is doing in terms of service coordination; learn from others, and adapt tools and practices - no need to reinvent the wheel.
4	Assisted to focus on improving communication via and use of Connecting Care as a means of secure messaging, including staff education in relation to Connecting Care and support and coordination of NHSD information. Assisted to identify and review specific areas for organisation effort in relation to improving service coordination and chronic care model.
5	Continuous support is offered by GVPCP in supporting all allied health professionals. It includes offering advice regarding referrals.
6	Coordinating meetings, forums, disseminating information on training.
7	Assistance with chronic disease planning and completion of data collection
8	Reports received monthly from PCP regarding number of referrals in and out using ConnectingCare. Unfortunately, we are aware that this data does not include referrals made via BETTI and therefore provides an incomplete picture.

Recommendations

GVPCP will provide this summary report to participating organisations. Official DHHS reports will follow in 2016. Tabling of reports such as this at appropriate local and regional meetings would ensure alignment of department expectations and organisation activity focus.

Identified areas, from 2015 results include:

- Developing local agreements regarding shared care/case planning and working to ensure their implementation and sustainability
- Re-visiting GP communication processes in partnership with relevant Murray PHN staff
- Re-visiting Victorian Service Coordination Practice Manual elements – nominating topics, actions and timeframes.

Conclusion

Participating in annual reporting requirements provides organization evidence of systems and practice level data. Elements asked about are core business and survey results confirm need to continue to work in these areas. Participation numbers have remained constant.