

DRAFT

3 May 2011

Results Framework: Inner East PCP Service Coordination Steering Committee

Performance Accountability

Program or Service Unit: **Service Coordination Steering Committee**

The Consumer Group that the Service Coordination Steering Committee seeks outcomes for are:

Agencies funded by the Dept of Health which include primary health services, local government, aged care services, volunteer and church based agencies, volunteering agencies, mental health and AOD services, specialist health services, child and family services.

The Service Coordination Steering Committee seeks for these agencies:

The successful implementation of the relevant components of the service and care coordination systems which promote their consumers' health and wellbeing.

Guiding parameters

The following are the main parameters determining how the Service Coordination Steering Committee should operate.

1. Victorian Service Coordination Principles:

Service coordination reform aims to place consumers at the centre of service delivery and ensure that they have access to the services they need, opportunities for early intervention and health promotion and improved health outcomes. Service coordination is facilitated by Primary Care Partnerships (PCPs) where agencies come together to agree on how they will coordinate their services so that consumers experience a health system that works together.

Service Coordination aims to improve health outcomes and service provision for consumers through making it easier to access the health and community support service system and thus reduce preventable hospital admissions by:

- Supporting agencies to implement high quality standard-based professional practices and procedures when interacting with consumers;
- Encouraging organisations to use standard procedures and documentation to assess consumer needs comprehensively, collect relevant information and make appropriate referrals;
- Ensuring the appropriate use of technology to coordinate service delivery and the transmission of information (including e-referral).¹

2. Inner East PCP Directions:

The Service Co-ordination Committee contributes to the achievement of IEPCP Directions² in the following areas:

- Our vision is for Melbourne's inner east community to experience high levels of wellbeing, with excellent health and social outcomes:
For the *service system*, it means **greater seamlessness**;

¹ <http://www.health.vic.gov.au/pcps/coordination/overview.htm>

² Inner East Primary Care Partnership **Directions 2009 - 2012**

By working within the IEPCP Strategic Directions the Service Co-ordination Committee contributes to meeting the strategic consumer priorities³ of the IEPCP which focus on those:

- who have complex and **chronic conditions**;
- who are ageing;
- who experience poor mental health.

Basic Facts: *How much did we do quadrant?*

The Service Coordination Steering Committee will measure its own activity using the following parameters

- 1. Supporting agencies to implement high quality standard-based Service Coordination professional practices and procedures when interacting with consumers**
 - # agencies participating in Service Coordination (*Annual SC & ICDM survey*).
 - # agencies who have integrated Service coordination practice standards and program requirements into policy, work plans and position descriptions where applicable (*Annual SC & ICDM survey*).
- 2. Encouraging organisations to use standard Service Coordination procedures and documentation to assess consumer needs comprehensively, collect relevant information and make appropriate referrals**
 - # eligible agencies using Service Coordination Tool Templates (SCTT) for referral in full accordance with policy (for example, DHS program or agency policy) and the SCTT 2009 user guide (*Annual SC & ICDM survey*)
- 3. Ensuring the appropriate use of technology to coordinate service delivery and the transmission of information (including e-referral)**
 - # e-referrals (*IEPCP statistics*)
 - # agencies registered as e-referral users (*IEPCP statistics*)
 - # registered individual users (*IEPCP statistics*)
 - % e-referrals sent that meet quality standards (*agency spot analysis*)

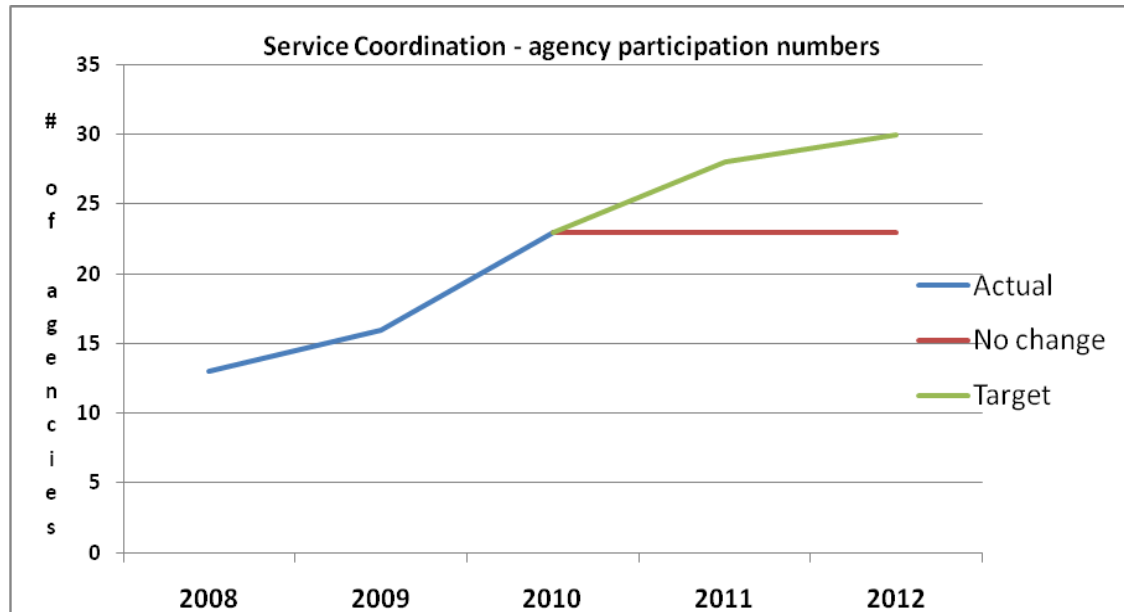
Key Partners which the Service Coordination Steering Committee will work with to achieve their performance measures are:

- Agencies represented on the Service Coordination Steering Committee
- All funded HAS agencies
- Mental Health services
- AOD services
- Dept of Health Eastern Metropolitan Region
- CALD health and aged services
- Indigenous health services
- Sub acute services including in the first instance Eastern Health and at a later date Southern Health, St Vincents, Austin Health
- GP's
- Aged Care services
- Volunteering organisations including Eastern Volunteer transport
- Carers' services
- Consumers of services including carers

³ Op cit page 4

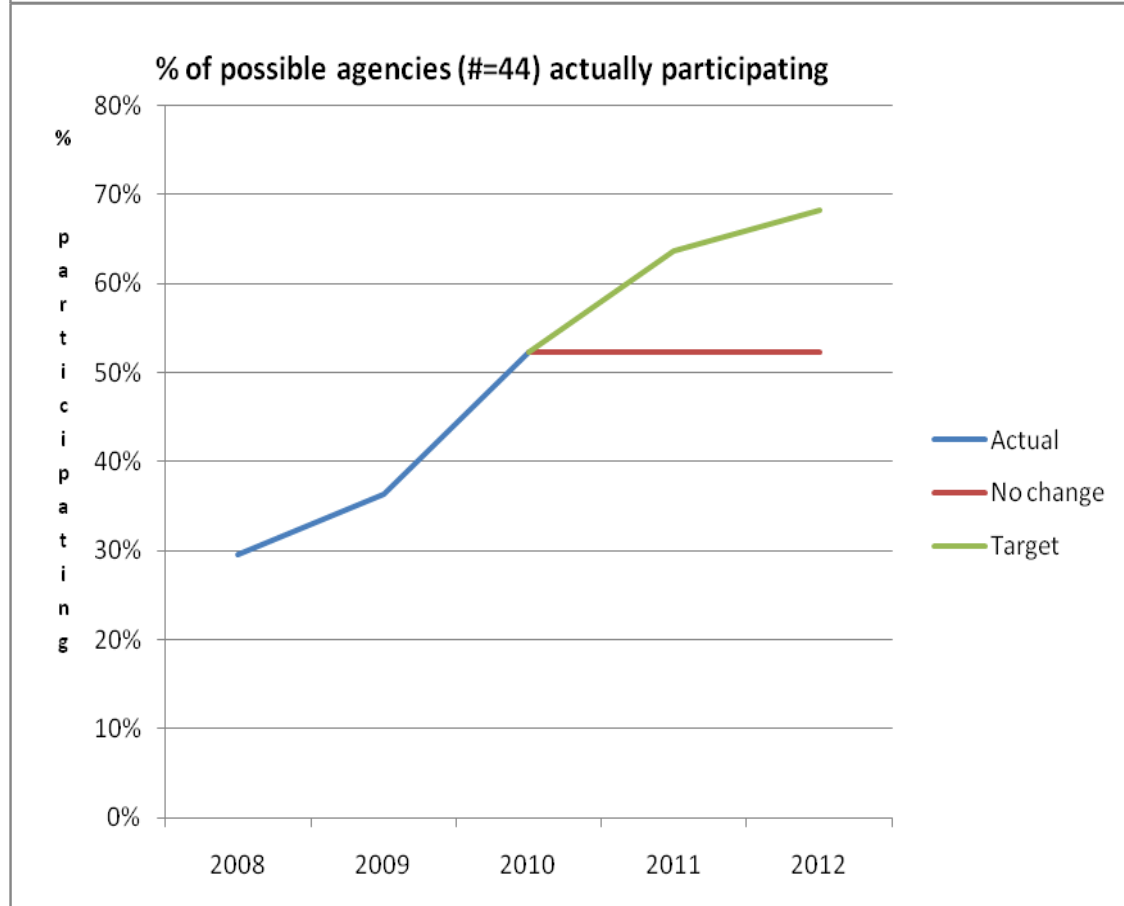
Performance: How well did we do it and Is anyone better off Quadrants 2 and 4: Turn the Curve exercise – these curves are taken as representative of the main areas of interest

% agencies implementing service coordination at relevant levels



This graph depicts a time series of numbers of agencies participating in the annual Statewide Service Coordination and ICDM surveys

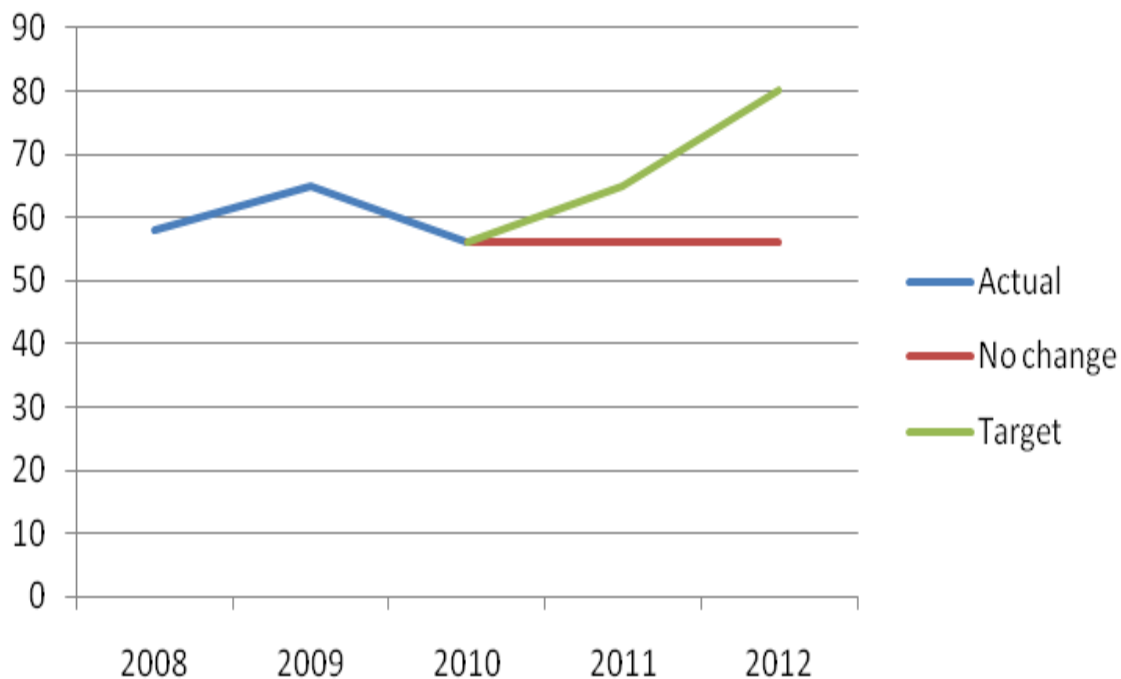
Figures are based on agencies completing Part A of the survey.



This graph depicts the number of agencies participating in the implementation of service coordination PPPS (as measured by annual service coordination and ICDM surveys) as a percentage of those who might potentially do so. The overall potential agency population has been calculated at 44 based on those agencies that might reasonably be expected to interact with others through referrals.

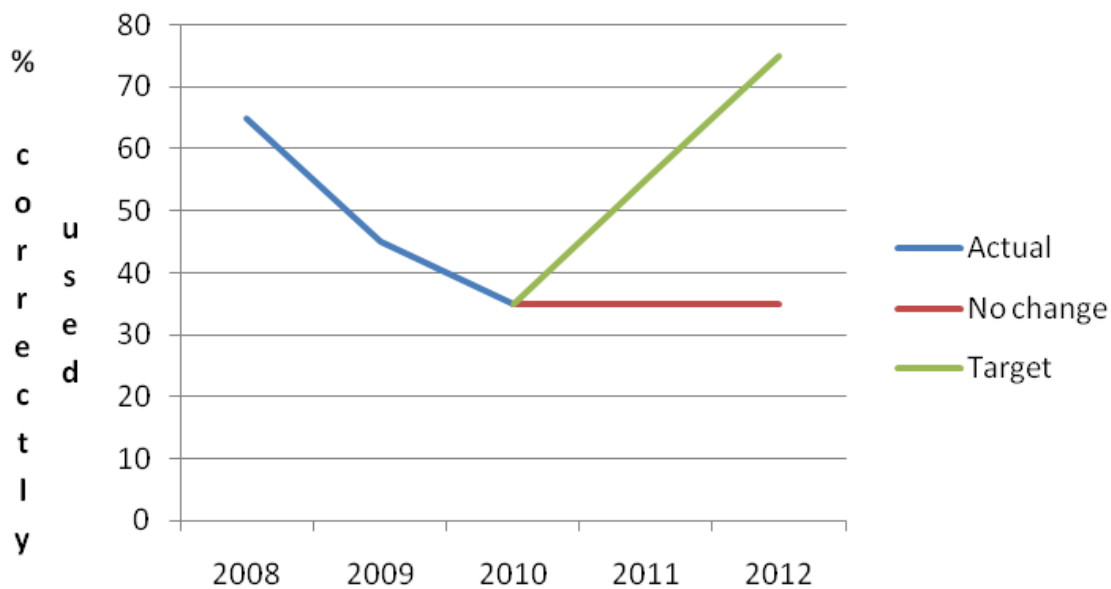
Note that some large agencies such as Eastern Health and Uniting Aged Care are treated as a single unit – at some stage these graphs may be re-calibrated to reflect a different breakdown of these agencies into smaller units.

Agencies fully incorporating Service Coordination PPPS into documentation (% of respondents)



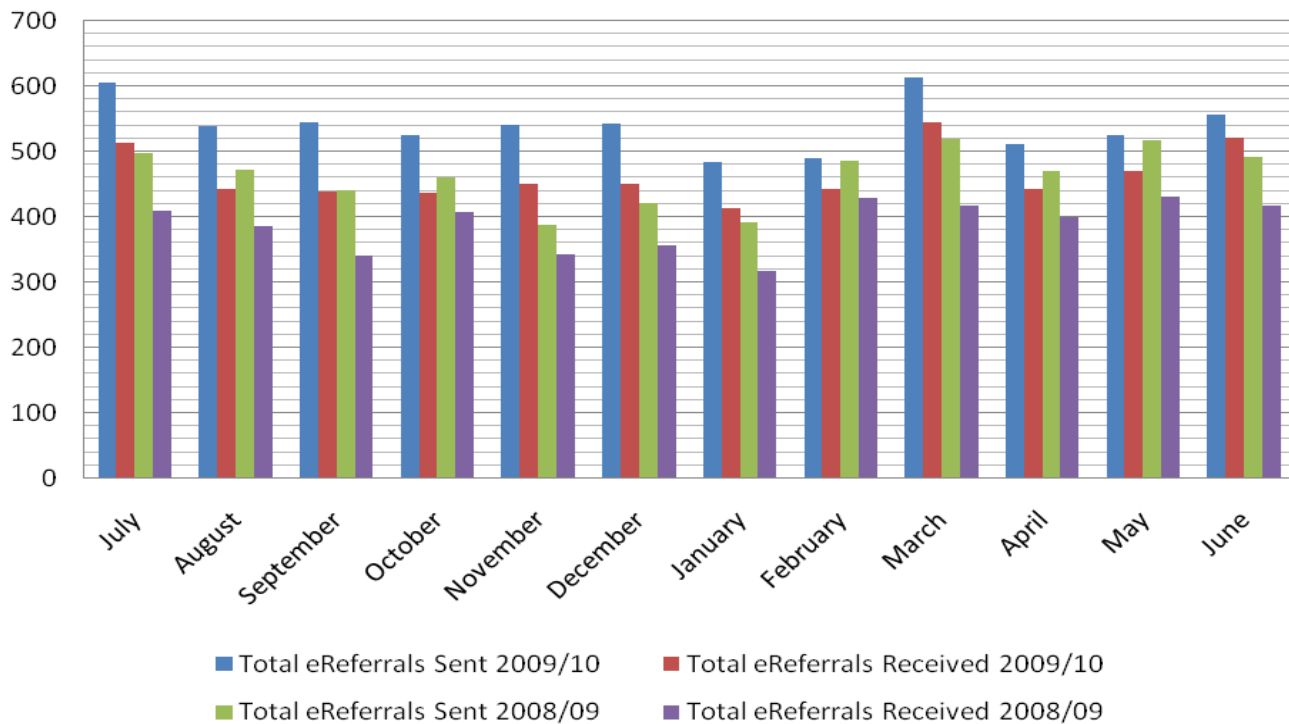
This graph shows the percentage of agencies that participated in the annual Service Coordination & ICDM surveys that reported that they had fully integrated Service Coordination practice standards and program requirements into policy, work plans and position descriptions (where applicable) – Question #1. Data pre-2010 should be interpreted with caution while bearing in mind that each year has seen a greater number of agencies participating.

% agencies using SCTTs correctly for referrals



This graph shows the percentage of agencies that participated in the annual Service Coordination & ICDM surveys that reported that they had correctly used SCTTs when making referrals – Question #5. Data pre-2010 should be interpreted with caution while bearing in mind that each year has seen a greater number of agencies participating and that the graph represents a percentage of those agencies responding each

Inner East PCP eReferral Usage Comparison 2008/09 & 2009/10



Story Behind the last 3 years of Performance: Story behind the baseline remembering it has a history and forecast

Implementing Service Coordination PPPS curves

The first two baselines shown above are based on participation in the Statewide Service Coordination and ICDM surveys. The total population of agencies that could use service coordination PPPS is based on Department of Health-funded agencies in the aged care sector plus AOD and PDRSS agencies in the catchment. Reliability of surveys has been questionable in the past but it is felt that the 2010 results form a good baseline. The third curve reflects the degree to which service coordination standards and requirements have been integrated into workplans and position descriptions.

SCTT implementation curve

Use of SCTTs is measured in the annual Statewide Service Coordination & ICDM surveys as the percentage of respondents that report having used SCTTs correctly for referrals (Question #5). As with other measurements in Statewide SC & ICDM surveys of previous years, caution must be exercised in interpreting the graphs. This is partly because survey results have become more accurate over time (primarily due to better understanding of the purpose and nature of the surveys) and partly because each year has seen an increase in the number of agencies participating.

e-referral curves

E-referral has been selected as a separate major area of interest notwithstanding the fact that it is intricately connected with service coordination generally. One reason for this separate focus is that e-referral users often have a particular interest and skills in the area. E-referral activity can be measured in terms of e-referrals made, number of agencies registered to use e-referral and number of individual users registered. Other important measures include quality of e-referrals and training/skills. E-referral, properly used, provides a much more complete picture of a client and is thus the preferred referral modality.

What do you propose to do to improve performance in the next 2 years? [Action Plan to get better] Three Best Ideas, No Cost Low Cost Idea

Working parties

- Form working parties to implement the Service Coordination Steering Committee workplan – perhaps one to oversee implementation of Service Coordination PPPS, another to oversee the implementation and expansion of e-referral

% agencies implementing service coordination PPPS

- Include service coordination components in position descriptions.
- Develop service coordination policy and protocol templates and implementation plans for agencies wishing to adopt this system.
- Identify additional potential service coordination partners and encourage their involvement
- Address under-developed aspects of service coordination e.g. care planning

% agencies using service coordination tools and resources correctly

- Ensure that all agencies are using current SCTTs and VSCPM resources
- Ensure that all relevant staff have a sufficient understanding of current SCTTs and VSCPM resources
- Provide training in service coordination tools and resources for staff and management

Improving e-referral usage

- Ensure optimum usage of e-referral in currently registered agencies
- Identify and engage selected new agencies
- Establish strategies to fully implement e-referral enhancements e.g. RDNS referrals, GP e-referral interface, greater involvement of practitioners etc.
- Monitoring quality of e-referrals (*spot analysis*)

Data Development Agenda:

- Tools to measure curves

Workplan: Inner East PCP Service Coordination Steering Committee

Support agencies to implement high quality standard-based Service Coordination professional practices and procedures when interacting with consumers and use tools and resources appropriately to document information				
What	How	Who is Responsible	When	How will we know
Support the review of service coordination systems at Statewide level via involvement in formal reviews	Participate in annual Statewide Service Coordination and ICDM surveys and encourage other agencies to do likewise	SCSC/Agencies/IEPCP	<ul style="list-style-type: none"> Implementation October 2011 Analysis April 2012 	# agencies participating in Service Coordination (<i>Annual SC & ICDM survey</i>).
Include service coordination components in relevant position descriptions	Prepare common templates for job description inserts on service co-ordination	SCSC/IEPCP		# agencies who have integrated Service coordination practice standards and program requirements into policy, work plans and position descriptions where applicable (<i>Annual SC & ICDM survey</i>).
Develop service coordination policy and protocol templates and implementation plans for agencies wishing to adopt this system	<ul style="list-style-type: none"> Identify appropriate agencies and develop procedure to engage agencies at CEO level Prepare common templates for service co-ordination policy and procedures that can be offered to agencies 	<ul style="list-style-type: none"> SCSC/IEPCP SCSC/IEPCP 		
Address under-developed aspects of service coordination e.g. care planning and any other aspects that need attention	<ul style="list-style-type: none"> Establish working party to develop intra- and inter-agency care planning protocols Identify and carry other relevant project(s) 	SCSC/IEPCP	From July 2011 onwards (after completion of Statewide Care Planning Project)	Completed development and implementation of care planning protocols
Ensure that all agencies are using current SCTTs and VSCPM resources correctly	Conduct periodic reviews to ensure current resources are available in appropriate numbers and being used correctly	IEPCP/Agencies		# eligible agencies using Service Coordination Tool Templates (SCTT) for referral in full accordance with policy (e.g. DHS program or agency policy) and the SCTT 2009 user guide (<i>Annual SC & ICDM survey</i>)

Provide training in service coordination tools and resources for staff and management	<ul style="list-style-type: none"> • Develop strategy to include service coordination component in induction programs • Develop training Service Coordination 101 training course 	<ul style="list-style-type: none"> • IEPCP/agencies • IEPCP 		<ul style="list-style-type: none"> • # agencies with service coordination components included in induction programs • SC 101 developed
Ensure the appropriate use of technology to coordinate service delivery and the transmission of information (including e-referral)				
What	How	Who is Responsible	When	How will we know
Ensure optimum usage of e-referral by currently registered agencies	<ul style="list-style-type: none"> • Monitor usage to identify problem areas • Obtain commitment from under-utilising agencies • Periodically survey usage • Provide appropriate training • Clearly define roles • Ensure sustainability 	<ul style="list-style-type: none"> • IEPCP • Agencies • Agencies/IEPCP • IEPCP/Agencies • IEPCP/Agencies • IEPCP/Agencies 		<ul style="list-style-type: none"> • Analysis of usage patterns • # e-referrals • # agencies • # users
Identify and engage selected new agencies in e-referral	Create and apply implementation schedule and process	SCSC/IEPCP/ESCS Management Committee		# of new agencies engaged in e-referral
Establish strategies to fully implement e-referral enhancements e.g. RDNS referrals, GP e-referral interface, greater involvement of practitioners etc.	<ul style="list-style-type: none"> • Develop schedule and allocate responsibilities for regional implementation • Develop schedule and allocate responsibilities for implementation solely within IEPCP catchment 	<ul style="list-style-type: none"> • ESCS Management Committee/IEPCP/SCSC • SCSC/IEPCP 		Strategy goals achieved
Improve quality of e-referrals	<ul style="list-style-type: none"> • Develop standards for correct usage of e-referral • Conduct periodic spot analyses • Develop and implement regular reviews e.g. referral protocols 	<ul style="list-style-type: none"> • IEPCP/SCSC • Agencies/IEPCP • IEPCP/Agencies 		% agencies using e-referral correctly