

Southern Melbourne Primary Care Partnership

Service Coordination and Integrated Chronic Disease Management Operational Plan 2015 - 2017

The following agencies are partners to and participants in the Southern Melbourne Primary Care (SMPCP) Operational plan as at July 2015.

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| <ul style="list-style-type: none"> ○ Access Care Southern ○ Alfred Health ○ Bayside City Council ○ Bentleigh Bayside Community Health ○ Bethlehem ○ Cabrini Hospital ○ Caulfield ACAS ○ Central Bayside Community Health Services ○ City of Kingston | <ul style="list-style-type: none"> ○ City of Port Phillip ○ City of Stonnington ○ Inner South Community Health Service ○ Commonwealth Respite and Carelink Centre Southern Region ○ Monash Health ○ Kingston ACAS ○ Royal District Nursing Service ○ Southern Melbourne Primary Care Partnership (SMPCP) ○ SMPCP Community Consumer Collaboration Group |
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SMPCP Strategic Plan Priority Areas: *Access to an Integrated Service System (Objectives 1 and 2) : Mental Health (Objective 3)*

Overall Objective

To strengthen the primary health system to deliver person centred and accessible early intervention and integrated care that aims to keep people as well as possible for as long as possible particularly people with complex needs

Objective 1

Work with member organisations and Medicare Locals* to strengthen integration and communication practices among providers (including between state-funded and private providers) to facilitate consumer transitions between services and reduce the need for consumers to relive their experiences

Facilitate the advancement of *Victorian Service Coordination Practice Manual 2012* implementation to broader health and wellbeing agencies (adapted from DH Program Logic)

Strategies	Activities	Timelines	Performance Measures/Indicators	Estimated Impact/Short Term Outcomes
<p>Strategy 1.1 Support agencies to implement and adhere to agreed Sharing of Client Information practice as outlined in the SMPCP Statement of Commitment (SOC) including assisting partner agencies to implement and sustain an e – communication system that delivers the SOC principles and practice **</p>	<p>Establish an Information Sharing and e-communication work group to:</p> <ul style="list-style-type: none"> ○ Establish a base line of current information sharing between agencies (what is the current agency compliance with SOC principles?) ○ Review current encrypted information sharing status across partnership agencies: establish a baseline of usage and platforms (which system and who is using it?) 	<p>By December 2015</p>	<ul style="list-style-type: none"> ○ Baseline of current information sharing is documented and provided to the Service Coordination and Integrated Care Steering Committee (SCIC) 	<ul style="list-style-type: none"> ○ Agreed implementation plan for e-communication and/or encryption systems to enable information sharing compliant with SOC principles

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	<ul style="list-style-type: none"> ○ Establish criteria for evaluating current encryption systems to frame recommendations (e.g. % using, cost of implementation, capability for supporting SOC principles and reporting and auditing capability including service provider uptake and SOC principle compliance) ○ Evaluate systems and recommend preferred e-communication system including resources required to implement the system ○ SCIC Steering Committee to work with partner Agencies to determine feasibility of implementing recommendations 	<p>By April 2016</p>	<ul style="list-style-type: none"> ○ Current e-communication baseline (platforms and usage) documented and provided to the SCIC ○ Recommendations for preferred e-communication system and resources required to implement provided to the SCIC ○ Implementation plan developed 	<ul style="list-style-type: none"> ○ Implementation of plan
<p>Strategy 1.2 Support agencies to evaluate use of and adherence to SOC, and e-communication use</p>	<ul style="list-style-type: none"> ○ Work with partner agencies to implement the recommendations re e-communication/ encryption as per agreed implementation plan ○ Educate agencies regarding the SOC and Sharing of Client Information practice ○ Encourage agencies to incorporate expectations regarding practice in agency processes e.g. induction, staff development and business plans ○ Develop an evaluation method ○ Conduct evaluation 	<p>By June 2017</p>	<ul style="list-style-type: none"> ○ Implementation plan completed <p>Evaluation measures may include:</p> <ul style="list-style-type: none"> - No of agencies aware of SOC and Sharing of information practice - No of agencies with SOC in processes and plans - No of staff informed of requirement to practice in accordance with SOC - Evidence of increased compliance with SOC 	<ul style="list-style-type: none"> ○ Increased information sharing compliant with SOC principles, resulting in less duplication of assessments and better coordination of care (more efficient for clients and workers).

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			<p>principles of information sharing (from baseline)</p> <ul style="list-style-type: none"> - No of e-referrals/care plans 	
<p>Strategy 1.3</p> <p>Engage ISCH to pilot the SCTT Consumer Administered Single page screener form on behalf of member agencies to gauge the Screener’s impact in identifying risk factors for chronic conditions/issues (e.g. Family Violence), to determine its implementation impact on agencies and client care and to develop recommendations and resources for agency adoption</p>	<p>ISCH to:</p> <ul style="list-style-type: none"> ○ Develop work instructions for the pilot of the SCTT Single Page Screener ○ Develop an electronic package of training and resources to support staff across agencies to implement risk factor screening and response ○ Deliver training ○ Pilot the use of the SCTT Single Page Screener over a 4 week period ○ Evaluate the SCTT Single Page Screener against the project aims ○ Complete a report including evaluation outcomes, considerations and recommendations for implementation of the Consumer Administered SCTT Single Page Screener ○ Provide recorded training and electronic resources for provision to SMPCP member agencies. Note this resource would be applicable to support staff with whatever method of risk screening an agency may implement. 	<p>June 2015 - 2016</p>	<ul style="list-style-type: none"> ○ Work instructions completed ○ Training and resources developed ○ Training delivered ○ Pilot completed and evaluated ○ Recommendations and considerations for implementation provided in report to SCIC ○ Recorded training and electronic resources made available to SMPCP member agencies. 	<ul style="list-style-type: none"> ○ Agencies will have clear guidelines to implement the SCTT Single Page Screener (and in what circumstances) ○ Agencies will have the resources they need to support staff to implement the SCTT Single Page Screener. ○ Should the consumer administered SCTT Single Page Screener prove to be a useful and efficient tool more clients will have the opportunity to identify risk factors and be supported to address them.

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<p>Strategy 1.4 Support the establishment of a partnership wide Special Interest Group for Intake Workers</p>	<p>Hold a forum for Intake workers to:</p> <ul style="list-style-type: none"> ○ explore existing Intake models ○ establish Special Interest Group ○ develop Terms of Reference/priorities for future work 	<p>By October 2015</p>	<ul style="list-style-type: none"> ○ Holding of workshop ○ Group establishment ○ Priority identification 	<ul style="list-style-type: none"> ○ Greater understanding of intake models across the SMPCP ○ Intake workers feel more informed and supported
<p>Strategy 1.5 Provide workforce development opportunities in response to identified need/priority e.g. in response to Koolin-Balit findings, outcomes from the Clinician's work group and recommendations on the implementation of the SCTT one page screener</p>	<ul style="list-style-type: none"> ○ Engage trainer ○ Provide training ○ Evaluate training outcomes 	<p>By June 2016</p>	<ul style="list-style-type: none"> ○ No of training sessions ○ No of staff trained 	<ul style="list-style-type: none"> ○ Increased knowledge and understanding in specified workforce development areas
<p>Strategy 1.6 Support and resource local partnership groups: the SRS Network and HACC, ACAS Packaged Care Alliance</p>	<ul style="list-style-type: none"> ○ Provide coordination and administrative support to SRS Network ○ Provide 'in kind' support to HACC, ACAS Packaged Care Alliance 	<p>Ongoing</p>	<p>Meeting organisation Attendance at meetings</p>	<p>Ongoing functioning of local partnership groups</p>
<p>Objective 2 Work with member organisations to identify and address barriers to the delivery of care for chronic illness.</p>				
Strategies	Activities	Timelines	Performance Measures/Indicators	Estimated Impact/Short Term Outcomes
<p>Strategy 2.1 Support agencies to further embed and sustain best practice approaches to Chronic Illness in</p>	<ul style="list-style-type: none"> ○ Establish a Clinician's working group – hold workshop to confirm current situation and establish group 	<p>March 2015</p>	<ul style="list-style-type: none"> ○ Holding of workshops 	<ul style="list-style-type: none"> ○ Collective approach to improving ICDM

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accordance with the Wagner Chronic Care Model	<ul style="list-style-type: none"> ○ Support workgroup to determine ICDM priorities for action– hold 2nd workshop to identify priorities 	May 2015	<ul style="list-style-type: none"> ○ Group establishment ○ Priority identification 	<ul style="list-style-type: none"> (including priority area) in SMPCP ○ Greater commonality in approaches to ICDM
Objective 3				
Facilitate implementation of local agreements and systematic interagency care pathways for defined consumer cohorts using evidence-based guidelines				
Strategies	Activities	Timelines	Performance Measures/Indicators	Estimated Impact/Short Term Outcomes
Strategy 3.1 Continue to monitor Mental Health system changes and projects with a view to developing Mental Health project	<ul style="list-style-type: none"> ○ Consider Health Matters project outcomes ○ Mental Health updates provided and discussed at Service Coordination and Integrated Care meetings 	Ongoing	<ul style="list-style-type: none"> ○ Mental Health Discussion minuted 	<ul style="list-style-type: none"> ○ Greater understanding of mental health situation and areas of need

***Note:** Medicare Locals ceased operation in June 2015. Primary Health Networks have been in operation since July 2015 and will be invited to participate in the SMPCP Service Coordination and Integrated Care plan.

****Note:** Information Sharing includes:

Consumer details, Initial Needs Identification, Assessment, Risk Assessment, Alerts, Care Planning and Care and Service Outcomes.