

Hume Region

Service Coordination & E-Referral

Implementation and ACTION Plan

ONGOING and Last updated 11th December 2007

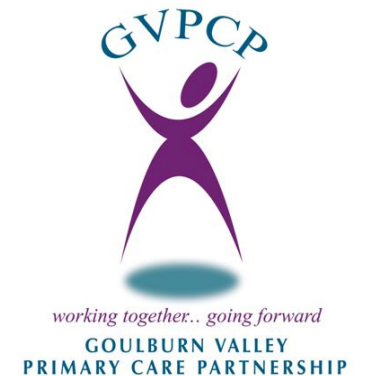


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Introduction

The Hume Region Service Coordination Steering Group (HRSCSG) is responsible for the implementation of service coordination across the Hume region. To this end each of the four Primary Care Partnerships (PCPs) has undertaken many strategies to establish and improve service coordination in their area.

One tool that supports effective service coordination will be the implementation of an electronic means of communicating with other services. Although called an e-referral system, it is acknowledged that referral is only one activity that can be undertaken electronically. Others include referral feedback, client information updates, client assessments, care plans; essentially any information that might need to be communicated about a client to enhance integrated service delivery will now be able to be communicated electronically, in a secure message or attachment.

In December 2006, after considerable research of the options, the HRSCSG decided to adopt the Connectingcare e-Referral system as the electronic tool that would be used across the primary health care sector in the Hume Region for the sending of electronic communication relating to clients.

The Hume Region Service Coordination and E-Referral Implementation Plan (the Plan) arose out of the desire to approach service coordination in this region in a consistent manner and to implement e-referral in a planned way, aiming to better service clients through the integration of service provision.

Background

This section of the report seeks to place the Plan in context both in terms of the groups in the Hume Region who are working in Service Coordination and the statewide directions and relevant documents.

Hume Region Service Coordination Steering Group (HRSCSG)

The HRSCSG is made up of representatives of the four Hume Region Primary Care Partnerships, the Department of Human Services and HumeNET and is responsible for the implementation of e-referral throughout the Hume Region.

Primary Care Partnerships

The Hume Region has 4 Primary Care Partnerships, namely Lower Hume, Central Hume, Upper Hume and the Goulburn Valley. Primary Care Partnerships are voluntary alliances of primary healthcare organisations, within a defined geographical catchment, working together to:

- Build sustainable partnerships
- Improve service coordination
- Integrate health promotion practice
- Undertake catchment based service planning
- Integrate chronic disease management.

Each Primary Care Partnership has a Community Health Plan in which one of the four Key Deliverables is Service Coordination. Over the next few years, each PCP has committed to the implementation of e-referral to improve service coordination within its catchment.

HumeNET, an initiative of the Department of Human Services (DHS), is a rural health Information Communication Technology (ICT) alliance comprised of the public hospitals, primary healthcare organisations and Primary Care Partnerships within the Hume Region. It is the regional vehicle for several government initiatives that aim to replace and introduce new information communication technology systems in public hospitals and primary healthcare services.

Better Access to Services: A Policy and Operational Framework¹

Better Access to Services: A Policy and Operational Framework (known as BATS) is the policy that informs and supports service coordination. The Better Access to Services framework supports agencies to work together so that, from the consumer's perspective, services appear integrated and are easier to access and navigate.

Better Access to Services describes the underpinning principles of service coordination activities as:

- A central focus on consumers
- Partnerships and collaboration
- The social model of health
- Competent staff
- A duty of care
- Protection of consumer information
- Engagement of other sectors.

¹ www.health.vic.gov.au/pcps/publications/access.htm accessed on 17th August 2007

The Better Access to Services framework progresses State-wide consistency in practice and a common language across Primary Care Partnerships by defining and describing the range of processes that currently exist within the health care system:

- Initial contact
- Initial needs identification
- Service specific assessment
- Specialist assessment
- Comprehensive assessment
- Care planning.

Better Access to Services was developed in tandem with the Information Management Strategic Directions Paper on the understanding that effective information management is essential for achieving Better Access to Services and neither can be considered in isolation.

Victorian Service Coordination Practice Manual

This Manual has been developed as a reference guide for managers responsible for leading and managing Service Coordination and for practitioners involved in the implementation of Service Coordination. The Manual is set out in five parts:

Part 1: Manual introduction

Part 2: Provides an overview of Service Coordination in Victoria; the objectives, principles, elements and a flowchart of the consumer pathway through Service Coordination

Part 3: Sets out the expected practice for the implementation of Service Coordination across Victoria

Part 4: Describes the expected referral practice in Victoria, including the processes and systems

Part 5: Lists resources and tools that support Service Coordination; including the Human Services Directory (HSD), the Service Coordination Tool Templates (SCTT), electronic referral systems and training packages.²

Acknowledgements

² www.health.vic.gov.au/pcps/publications/sc_pracmanual.htm accessed on the 17th August 2007

The commitment of the Planning Group was exemplary and highly commendable. All members participated with enthusiasm and superb persistence. The participants created a sense of partnership which extended across both days, each giving their input enabling the group to create more than individuals could have. All members of the Planning Group stayed with the more complex moments when there were many words or options being debated prior to finalisation into the Plan that follows. Participants were passionate about the future and the opportunities that Service Coordination presents for better client service provision and outcomes.

To each of those listed below, thank you for your contribution to the planning process.

Central Hume PCP

Cheryl Walkear	Alpine Health
Colleen O'Connor	Alpine Shire
Melinda Shepherd	Central Hume PCP
Maggie Hollins	North East Victorian Division of General Practice
Renee Williams	Northeast Health Wangaratta
Heather Yelland	Rural City of Wangaratta

Goulburn Valley PCP

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Mary Rowe	Goulburn Valley Health
Belinda Beer	Goulburn Valley PCP
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Lower Hume PCP

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Jill Michalski	Hume Region Early Psychosis
Lynne Santamaria	Kilmore District Hospital
Penny Whelan	Kilmore District Hospital

Tony Vivian	Lower Hume PCP
Kim Grant	Goulburn Valley Mental Health Service, Seymour
Erin Miller	Murrindindi Shire Council
Corrienne Nichols	Murrindindi Shire Council

Upper Hume PCP

Trevor Cowell	Border Division of General Practice
Daniel Whiting	Central & Upper Hume PCP
Betty Potter	Indigo Shire
Judith Moore	Upper Hume PCP
Jan Kowarzik	Wodonga City Council

Department of Human Services

Treena Best	Manager Disability Intake
Philomena Sawyer	Primary Care Partnerships
Neil Duggan	Primary Health

Apologies

Simon Aldous	Child Protection/ Multiple & Complex Needs Initiative, DHS
Greg Quinn	North East Support and Accommodation for Youth (NESAY)
Carolyn Foote	Ovens & King Community Health Service
Gary Newman	PNR Health
	Upper Hume Community Health Service

	Wodonga Regional Health Service
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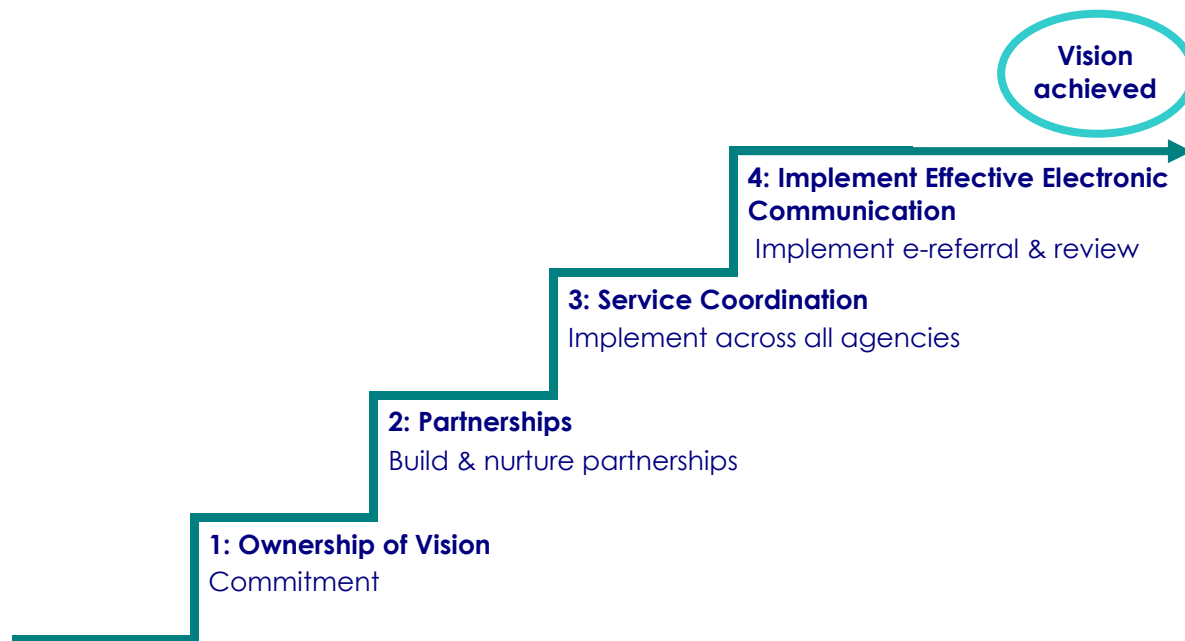
Vision

Hume Region Health and Community Services offer an integrated response by providing good quality client-focussed care within a system that is effective, simple, secure and trusted by all.

Goals

Following the writing of the vision, planning participants were asked to nominate the 'one thing' that would move the region from today towards achieving the vision. For full responses, refer to Appendix 3: Priorities. From these priorities, the four most important were selected using a multi level voting process.

The following diagram represents the four (4) goals that were considered by the planning group to be vital to achieve the vision, set out in the steps to demonstrate movement towards the vision.



Action Plan

In relation to each goal, the planning participants listed the desired outcomes and the challenges that will need to be overcome during the implementation (refer to Appendix 4: Challenges). This was followed by developing strategies, identifying who will undertake these and the timelines. Alongside each strategy, the support required for successful implementation was also listed to ensure maximum capacity for implementation.

Goal 1:	To create ownership of the Service Coordination vision and to achieve genuine commitment by all agencies
Outcome	<ul style="list-style-type: none"> • CEO support of Service Coordination and E-referral • Dissemination of Service Coordination and E-referral vision • Recognition of Service Coordination and E-referral marketing brand • Every agency can demonstrate reference to the Service Coordination vision in its planning processes.

Goal 1 Strategy	Who	Timelines	Support	Actions and achievements
1.1 Ensure the vision is widely known through:	Each PCP Service Coordination Group	End Nov 07		
a. Service Coordination Working Groups				
b. Footer on all Service Coordination documents	PCP Project Officers	End Oct 07		
c. Launch and distribute plan at agency and PCP level	Agencies and PCPs	End Dec 07		

Goal 1 Strategy	Who	Timelines	Support	Actions and achievements
d. Vision and the Plan accessible on PCP websites e. PCP and agencies to attend already established meetings and discuss plan and present benefits f. HumeNET newsletter and website	Each PCP Agencies and PCPs HRSCSG	End Oct 07 Ongoing End Nov 07		
1.2 Create an appealing marketing image/brand (e.g. Alpine Health Youth Card, pen, toilet door sign) that will engage people in thinking about Service Coordination and E-referral. Look at what other regions have done	HRSCSG	End Nov 07	Resources – pay for development of marketing ideas and the marketing product	
1.3 As part of above strategy, develop a “Benefits” of Service Coordination and E-referral case and include positive outcome for clients	HRSCSG	End Nov 07		

Goal 1 Strategy	Who	Timelines	Support	Actions and achievements
1.4 Ensure the broad use of the marketing brand e.g. on PCP and agency websites (see strategy 1.2)	HRSCSG	End Nov 07	Resources to ensure broad use of marketing brand	
1.5 Driven by HRSCSG, each PCP has strategic conversations with CEOs of member organisations to achieve commitment and in principle support for the vision (refer to Vision above)	HRSCSG with each PCP Executive Officer	Initial conversation by end Dec 07. Ongoing		
1.6 Progress in relation to above strategy reported to HRSCSG as a standing agenda item	Each PCP	Each HRSCSG meeting		
1.7 Service Coordination and E-referral vision informs all service planning	HRSCSG and agencies	Ongoing – 1 ST phase June 08		

Goal 2:	To build and nurture partnerships and relationships to realise the vision
Outcome	<ul style="list-style-type: none"> Working towards a seamless integrated response to client needs Collaboration is demonstrated through better client outcomes. All partner agencies are engaging with clients and seeking their feedback Partnerships are formed and formalised in some way Principles are developed that inform the way partners relate and agreements exist regarding the partnership's intentions PCPs have a recognised mechanism that nurtures the regional partnership approach Organisations will be aware of the need for partnerships and actively promote partnership involvement to achieve Service Coordination All service providers are engaged and involved in partnerships.

Goal 2 - Strategy	Who	Timelines	Support	Actions and achievements
2.1 Identify and engage with key agencies/programs that need to be involved in Service Coordination and those not yet involved	Each PCP	End Dec 07		
2.2 Review the PCP Community Health Plan deliverables: 1 – Partnerships & 3 – Service Coordination to establish: a) their progress b) their capacity to deliver on this vision, and, c) take appropriate action	Each PCP	End Nov 07		
2.3 Explore and agree what is an effective partnership in Service Coordination	PCP Service Coordination Groups		Dec 07	

Goal 2 - Strategy	Who	Timelines	Support	Actions and achievements
2.4 Report back regarding effective partnerships to HRSCSG	Each PCP	Dec 07		
2.5 Provide and undertake training in relation to collaborative practice (e.g. managing conflict, chairing meetings)	Each PCP and Service Coordination Group members	Ongoing, start early 08	Resources to organise and provide training	
2.6 Evaluate Service Coordination partnerships using the Partnership Self Assessment Tool – New York; undertake at two levels: a) CEO b) worker	PCP Service Coordination Groups	Phase 1 (baseline) by Dec 07 Remeasure by June 08		
2.7 Evaluate HRSCSG partnership using the Partnership Self Assessment Tool – New York	HRSCSG	June 08		
2.8 Promote the Partnership Self Assessment Tool – New York to other organisations	All organisations	Ongoing		
2.9 Disseminate information in relation to consumer engagement	Each PCP Service Coordination Group	Nov 07		
2.10 Build knowledge and understanding of consumer engagement strategies (including National and state) to then inform Service Coordination	Each PCP Service Coordination Group	Agenda for discussion March 08		
2.11 Consider what else needs to happen to assist agencies to implement consumer engagement (e.g. mentoring, training)	Each PCP Service Coordination Group	June 08		

Goal 3:	To implement the Victorian Service Coordination Practice Framework across all health and community services	
Outcome	<ul style="list-style-type: none"> • The Service Coordination Framework is embedded in all organisations in their Practices, Processes, Protocols and Systems (PPPS) • Active consumer participation and feedback • Progress as demonstrated through the use of the Continuous Improvement Framework • Majority of referrals are made using the Service Coordination Tool Templates (SCTT) and the Victorian Statewide Referral Form (VSRF) • All staff (including new staff) are trained in Service Coordination • Service Coordination is best practice that all services aspire to • Lead agency practice is one component of multi-agency care planning • Every agency (100%) has a Service Coordination Plan that includes an E-referral Implementation Plan • Stakeholder feedback (client and worker) regarding their experience of the system. 	•

Goal 3 - Strategy	Who	Timelines	Support	Actions and Achievements
3.1 The HRSCSG to develop a Train the Trainer program curriculum, focussing on: a) service delivery that is best for clients b) Service Coordination, and, c) E-referral. The session will include the use of the 3 written Service Coordination resources ³	HRSCSG	Nov 07	Research regarding curriculum options for Service Coordination and E-referral Train the Trainer	November meeting 07- agreed to proceed with HumeNET delivering as project – members to support development and advise.

³ Victorian Service Coordination Practice Manual, Good Practice Guide for Practitioners, and, Continuous Improvement Framework.

Goal 3 - Strategy	Who	Timelines	Support	Actions and Achievements
<p>3.2 Each PCP to run 1 Train the Trainer program based on curriculum developed in Strategy 3.1</p> <p>In advertising these sessions, one flyer will be developed with the 4 PCP training session dates, enabling participants to attend the session in another PCP (if necessary due to other commitments)</p>	Delivered in each PCP area	Feb 08	Catering and venue for training sessions	
<p>3.3 Trainers (those who are trained as an outcome of strategy 3.2) facilitate further training in relation to Service Coordination resources, providing training for other services</p>	Trainers	By end June 08	Offer resources to agencies who have trainers	
<p>3.4 Agencies to review internal Practices, Processes & Systems in light of the Victorian Service Coordination Practice Manual and the Good Practice Guide for Practitioners</p>	Agencies	June 08	Agency support by nominating staff member to lead the review	
<p>3.5 Develop a 'skeleton' Service Coordination protocol that agencies can then adapt to their own and partner's needs</p>	HRSCSG	June 08		
<p>3.6 In the context of the DHS care planning project, Better Connections, Better Care, review multi agency care planning processes/initiatives and develop agreed approach for care coordination</p>	PCP Service Coordination Groups	June 08		

Goal 3 - Strategy	Who	Timelines	Support	Actions and Achievements
3.7 Ensure training regarding multi agency care planning occurs (may need to develop curriculum or State may do this)	HRSCSG with Division of GPs	Dec 08	The Victorian Division of General Practitioners is a resource. Other resources required: trainer, catering, venue	
3.8 Protocols are in place between all agencies that reflect Service Coordination	Agencies		Dec 09	

Goal 4:	To implement, and contribute to the ongoing development of, an effective electronic Service Coordination system (including e-referral) that is simple and user friendly	
Outcome	<ul style="list-style-type: none"> • 100% of services using the Connectingcare system to make referrals and communicate as the preferred method • Timely referral and service coordination • Referrals are typed and legible, therefore less chance of errors in information exchange • Increase in feedback to the referring agency – closing communication loops • Demonstrated increased productivity • ONE service directory that holds all service information, is accurate and regularly updated • E-referral is integrated into agency normal business practices. 	•

Goal 4 - Strategy	Who	Timelines	Support	Actions and Achievements
4.1 Develop an E-referral kit comprised of existing documents (e.g. E-referral Readiness) and any other resources that agencies need to implement e-referral. Achieve all these documents being in the one place	HRSCSG decide on E-referral kit contents	End Sept 07		
4.2 Distribute E-referral kit to member agencies and to place key documents on their respective websites	Each PCP	PCP		
4.3 Service Coordination Group resource and support agency Service Coordination and E-referral implementation plans	PCP Service Coordination Groups		Ongoing	

Goal 4 - Strategy	Who	Timelines	Support	Actions and Achievements
4.4 Each agency develop an E-referral Implementation Plan based on a template developed by HRSCSG	Each agency		1 st phase agencies Dec 07 Ongoing – dependent on agency readiness	Support agency planning
4.5 Individual agencies make contact with other agency/ies regarding E-referral and tips for smooth implementation. Ask if this information can be shared with the PCP. Share information via email to PCP Service Coordination Project Officer	Each agency		Ongoing	
4.6 Each agency to appoint a service directory administrator. The administrator reviews and updates their information on Connectingcare and HSD ⁴	Each agency	Ongoing		
4.7 Provide E-referral training using Connectingcare modules (incorporate how to update HSD in the training)	Each PCP	Ongoing as needed	Venue support: Agencies with computer training rooms offer these for training	
4.8 Source a 'skeleton' E-referral protocol (including information management practices) for use and adaptation by agencies. This could be part of the Service Coordination Protocol or separate - refer to Strategy 3.5	HRSCSG	End Oct 07		

⁴ Ring HSD if your agency does not know who your data entry authorised person is

Goal 4 - Strategy	Who	Timelines	Support	Actions and Achievements
4.9 Agencies update/develop protocols that include e-referral and electronic communication practices	Agencies		As part of agency E-referral Implementation Plan	
4.10 Hume Region feedback and links to Connectingcare will be achieved through: a) Input into Strategy Group	Executive Officer, Lower Hume PCP		Ongoing	
b) Input into Connectingcare User Group each quarter by one of 4 PCPs (On rotation) who will ask an agency to attend	Each PCP will ensure an agency will attend		Ongoing	
c) Agencies being part of the 'my connected community (mc ²)' web group. ⁵ Interested agencies can register and give input through this mechanism	Interested agencies		Ongoing	

⁵ <http://mc2.vicnet.net.au/home/ccsg/index.html>

Responsibilities

As can be seen in the tables above, each strategy has a group responsible for implementation. To complement the detail above, this list was developed to give a general guide as to who was responsible for what components of implementing Service Coordination and electronic communication. This list does not include the many specific strategies in the Plan above.

Hume Region Service Coordination Steering Committee		
<ul style="list-style-type: none"> Monitor implementation of this Service Coordination and E-referral Implementation Plan 		
Agency	PCP	DHS
<ul style="list-style-type: none"> Register with Connectingcare Appoint Coordinator/ Champion (Level 2) PKI Agency Implementation Plan with Working Group to implement PPPS (review/develop) Service directory review and updates Establish/review information management systems within agency Allow time for training Representative for Connectingcare user group Link to local PCP and Service Coordination working group Establishing agency BATS approach Update HSD 	<ul style="list-style-type: none"> Provide training Organise Connectingcare (CC) training Ensure Service Coordination Group representation Gather information from other regions/PCPs regarding e-referral, PPPS Identify commonalities that apply to region All PCP members responsible for implementing E-referral Implementation Plan Recruiting new organisations to Connectingcare and Service Coordination Updating service directory to reflect E-referral ready agencies 	<ul style="list-style-type: none"> Recruit agencies to PCP and Service Coordination Internal implementation, i.e. DHS service provision programs Regional spokesperson at State level as this region implements the vision Resourcing PCPs for implementation

Implementation

Implementation of such a broad vision requires excellent partnerships, a depth of understanding of service coordination, a total commitment by leaders to the principles of service coordination and to this Plan, in order that delivering on this Plan further implements service coordination in the Hume Region for the benefit of clients.

As this plan is a series of actions, progress through these will work towards achieving the vision and each of the Goals. It is impossible in August 2007, as the group developed a plan for 2007-2010, to have the foresight to include every step in a process. Therefore, this plan would benefit from being reviewed on an annual basis, with updates of the plan being recorded and distributed.

One further suggestion for successful implementation would be that the HRSCSG and each PCP Service Coordination Group extract the many strategies for which they are responsible and review their progress on these once a quarter, making this part of their meeting business.

Appendices

Appendix 1: Definitions

Acronym	Definition
BATS	Better Access to Services
CALD	Culturally and Linguistically Diverse
CC	Connectingcare
DHS	Department of Human Services
GP	General Practitioner
GPDV	General Practice Divisions Victoria
HRSCSG	Hume Region Service Coordination Steering Group
HSD	Human Services Directory
INI	Initial Needs Identification
IT	Information Technology
PCP	Primary Care Partnership
PKI	Public Key Infrastructure
PPPS	Practices, Processes, Protocols and Systems
SCTT	Service Coordination Tool Templates

Appendix 2: Picture of the Hume Region in 2010

The bullet points listed below represent the initial brainstorm aimed at drawing a picture of the Hume Region in three years time, when Service Coordination and E-referral are implemented or well on the way to being universal. This formed the basis for writing the vision.

- Simplicity
- Integrated service systems
- Seamless
- Responsive to the client
- Responsive to all customers
- Responsive to health priorities
- Build on strong interagency relationships
- Collaboration
- Secure pathway in which to share information
- Everyone clear who referring to and what they provide
- Appropriate feedback mechanisms in place
- Information auto populates agency tools/systems
- Better ONE directory of services
- Client and service trust in the system
- Funding based on compliance with Service Coordination
- Every agency being part of Service Coordination
- Complete picture – all services involved with a client have input and can best reflect client's needs
- Common language

- Avoidance of duplication of service(s)
- Anchored in what is responsive to clients
- Client centred
- Time and energy efficient
- Avoid client slipping through → ensure service delivery
- Responsive software providers
- Inclusive of public and private sector
- Improve Service Coordination compliance with best practice and quality assurance
- User friendly
- Commonwealth State systems interface

Appendix 3: Priorities

Each participant was asked to note and list the 'one thing' – an action – that would progress the Hume Region from where it is today, in relation to service coordination and electronic communication, towards achieving the vision. The list below represents all the responses listed and the number of votes that each received when the group undertook multi-level voting. The top 4 priorities (according to vote numbers) are the focus of this report and became the Goals.

No.	Item	Votes
A	Create ownership of our vision to achieve commitment by all agencies and compliance to undertake change management – policies, processes, structures, systems and resources. Develop clearly identified roles and responsibilities in relation to sustained quality improvement processes	50
B	Each agency has a single entry point for referral	6
C	Implement Service Coordination manual across all service organisations (including PPPS)	18
D	Greater knowledge of agency referral criteria with all agencies/services listed	8
E	Education regarding system Service Coordination. Training of those using the system (including new staff)	7
F	Discuss process with consumers and get their feedback. Evaluate the experience of consumers and ensure this contributes to development	4
G	Create a simple user friendly system (one click) that is comprehensive (private/public), including electronic flow charts	14
H	Promote the implementation of the system to the Hume Region – develop a communication strategy	5
I	Each organisation develops internal policy and processes to support e-referral implementation	5
J	To build on Service Coordination, resource this and further develop the lead agency model	4
K	Build/enhance partnership and participation that ensures understanding, ownership, agreement and empowerment	14

Appendix 4: Challenges

In relation to each goal, the planning participants listed the desired outcomes and the challenges that will need to be overcome during the implementation. As the planning progressed to developing strategies, it was anticipated that the challenges were addressed as far as possible. For ease of reading the main report, the challenges were not reproduced with each goal but have been kept here for reference.

Goal 1: To create ownership of the Service Coordination vision and to achieve genuine commitment by all agencies	
Outcomes:	Challenges:
<ul style="list-style-type: none"> • CEO support of Service Coordination and E-referral • Dissemination of Service Coordination and E-referral vision • Recognition of Service Coordination and E-referral marketing brand • Every agency can demonstrate reference to the Service Coordination vision in its planning processes. 	<ul style="list-style-type: none"> • Currently there are two directories – the Human Service Directory (HSD) and the Connectingcare Directory • Staff changes in agencies • IT infrastructure, especially resources and support for IT (e.g. some agencies still using dial up) • The Client Information Management systems that agencies have and their ability to auto populate to and from Connectingcare • Other operational priorities could take precedence over e-referral • Strong leadership by CEOs is needed • Achieving “buy in” from all levels (e.g. CEO, program managers, workers and clients) • Agencies could make the commitment to service coordination and e-referral but not give the staff the time required for implementation • Health professionals for whom computer use and e-referral would be challenging • Service delivery against targets may be affected (i.e. lower) during initial e-referral processes • How do we measure productivity gain as a result of system implementation? • What other electronic systems are/will be in use in tandem with the Connectingcare system? e.g. GPs referring directly to an agency and not through the Connectingcare system

Goal 2: To build and nurture partnerships and relationships to realise the vision.	
Outcomes:	Challenges:
<ul style="list-style-type: none"> • Working towards a seamless integrated response to client needs • Collaboration is demonstrated through better client outcomes. All partner agencies are engaging with clients and seeking their feedback • Partnerships are formed and formalised in some way • Principles are developed that inform the way partners relate and agreements exist regarding the partnership's intentions • PCPs have a recognised mechanism that nurtures the regional partnership approach • Organisations will be aware of the need for partnerships and actively promote partnership involvement to achieve Service Coordination • All service providers are engaged and involved in partnerships. 	<ul style="list-style-type: none"> • Some agencies may choose not to be part of the partnerships • Individual relationships get in the way of organisational relationships and vice versa • The time it takes to participate in partnership activities • How do we measure partnerships and their client outcomes? How do we measure the seamless response? • Workers are often/sometimes not aware of the partnership(s) and do not have the opportunity to feedback into the partnership(s) • Demonstrate positive results from partnerships leading to being able to answer the agency question: What's in it for us? • Consumer engagement • Some agencies would not see consumer engagement as important • Partnership is an approach not an entity.

<p>Goal 3: To implement the Victorian Service Coordination Practice Framework across all health and community services.</p>	
<p>Outcomes:</p> <ul style="list-style-type: none"> • The Service Coordination Framework is embedded in all organisations in their Practices, Processes, Protocols and Systems (PPPS) • Active consumer participation and feedback • Progress as demonstrated through the use of the Continuous Improvement Framework • Majority of referrals are made using the Service Coordination Tool Templates (SCTT) and the Victorian Statewide Referral Form (VSRF) • All staff (including new staff) are trained in Service Coordination • Service Coordination is best practice that all services aspire to • Lead agency practice is one component of multi-agency care planning • Every agency (100%) has a Service Coordination Plan that includes an E-referral Implementation Plan • Stakeholder feedback (client and worker) regarding their experience of the system. 	<p>Challenges:</p> <ul style="list-style-type: none"> • Perception of Service Coordination only being the SCTT or that it is “not relevant to us” • Patchy implementation of Service Coordination which results in gaps • Agency competing priorities • The changing workforce • The change management required • Trying to do too much in one go • Changing partnership or Governance • GP engagement in Service coordination (including GPs and nurses) • Some resistance to Service Coordination and/or lead agency as ‘it’ takes too long • Temptation to innovate instead of conforming to system • Other sectors e.g. housing • Getting each agency’s data to self populate in the tool(s) • Myriad of approaches to achieving Service Coordination • Key staff involved in service delivery not involved in relevant Service Coordination work.

<p>Goal 4: To implement, and contribute to the ongoing development of, an effective electronic Service Coordination system (including e-referral) that is simple and user friendly.</p>	
<p>Outcomes:</p> <ul style="list-style-type: none"> • 100% of services using the Connectingcare system to make referrals and communicate as the preferred method • Timely referral and service coordination • Referrals are typed and legible, therefore less chance of errors in information exchange • Increase in feedback to the referring agency – closing communication loops • Demonstrated increased productivity • ONE service directory that holds all service information, is accurate and regularly updated • E-referral is integrated into agency normal business practices. 	<p>Challenges:</p> <ul style="list-style-type: none"> • Not all agencies will have registered with Connectingcare • To get all agencies to register with Connectingcare and be secure to receive referrals Public Key Infrastructure (PKI) • Smaller agencies may not have IT support to assist them in getting the system up and running • Integrating other information into the system • Changing some business practices and processes • Confusion between information management and information technology • PKI implementation support • Lack of confidence in undertaking any tasks related to PKI.