



***Pathways to Safety,
Improving Access for
Vulnerable Clients***

***Handbook for Service
Providers***

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Prepared by

Bree Broomfield

Senior Dietitian

Benalla
HEALTH

DISCLAIMER

This document is to complement current practices. All other privacy, confidentiality and professional standards apply to all employees with regards to any and all interactions with clients and other service providers.

GLOSSARY

Customer service:

The act of taking care of consumer needs by providing and delivering professional, helpful, high quality service and assistance before, during, and after the consumer's requirements are met.

Client/s:

this refers to any service user. Some organisations may refer to those accessing their services as consumers, customers, care recipients, patients, residents, service users. Whilst these terms are not necessarily interchangeable, with regard to this document, the term client will be used in most instances.

Service provider:

clinician, administrative and support staff, managerial staff, employees.

Such terms as agency/ies, organisation/s and service/s are used interchangeably within this document.

BACKGROUND AND INTENT

This guidance document is intended for use by Benalla Community Health staff. It supports the No Wrong Door (NWD) Memorandum of Understanding (MOU) between all services operating from the Benalla Community Care, Ray Sweeney Centre and can be adapted by other service providers should they so wish. It is primarily aimed at intake workers and clinicians but is a reference tool for all staff to be familiar with.

Benalla Community Health provides a number of services, under a number of different funding streams. These services may be delivered to clients in their homes, at the Ray Sweeney Centre or from the AL Berry Day Care Centre. Many service providers work between programs and across different teams. In each area there are differing processes in regards to documentation, referral pathways, fee collection, reporting and contact time. Some services offer one on one consultations, others joint or shared appointments and some programs are offered in a group setting.

This manual aims to support clinicians in providing a NWD approach to care to complement the Pathways to Safety Project. It is not designed to encompass all processes and procedures of all programs. These require the flexibility of being able to adapt through changes to targets, technology, service and client needs.

It is the aim of NWD to facilitate access to the most appropriate service at the most appropriate time without increasing the burden on clients. It is the role of the employee to not only deliver the service they are employed to provide, but to do this with careful attention to the particular needs of the individual in front of them.

SERVICE LISTINGS

In order to provide easy access to services, in the essence of NWD, it is paramount that information about the programs is clear and current. For the most part, there are key locations for our programs to be listed for public (consumer and other providers) access. Although maintaining these listings is a task that will be allocated to a particular team member, it is important that those providing services also help with maintaining currency.

Presently, Benalla Community Health has contact and service details listed in the following online locations.

- Benalla Health website: <http://www.benallahealth.org.au/>
- Benalla Who? What? Where?: www.benallaservices.com.au
- Connecting care: <https://www.connectingcare.com/Home/>
- Department of Health and Human services:
<http://humanservicesdirectory.vic.gov.au/SiteDetails.aspx?SiteID=54848>

In addition to this, the Community Health Nurse, at Benalla Community Health, has, been responsible for maintaining a hardcopy listing of **Benalla Community Care programs** with details of each program or service including costs and contact details (See **Resources** section). This listing is released annually to a number of services and organisations throughout Benalla Rural City and copies are often provided to service users by both Benalla Rural City and Benalla Health. Benalla Community Health continues to produce a **Mental Health Directory** (to now complement the Connect Benalla program, and an Exercise Directory. These are currently updated annually and available in printed form.

OPERATIONAL TASK

*Clinicians are asked to review their respective programs and services **at least annually** and/or when details change and notify the relevant staff member of these changes. A reminder email will be sent once per year.*

Details may include, but are not limited to, the location in which the service is delivered, eligibility criteria, fee requirements, duration of service, type of service, preferred referral method.

Copies of this document can be printed directly for use within your networks.

BENALLA COMMUNITY HEALTH PROCEDURES

ADMINISTRATION

There are a number of forms to be completed by clients as they enter any community care setting. This can be a burden and a barrier to care, so it is important that those working with clients are able to spend the time, helping them complete relevant documents (where appropriate).

Ideally these forms are completed by the client at the initial consultation with the first service provider they encounter upon entering Benalla Community Care. Employees who interact with the client at later times should review the file accordingly and avoid duplication of any documentation. Where information needs updating, there has been a hiatus of 12 months or more in service access, or the client needs change this repetition of documentation may be unavoidable especially in relation to contact details, preferred GP, capacity to pay and evidence of informed consent.

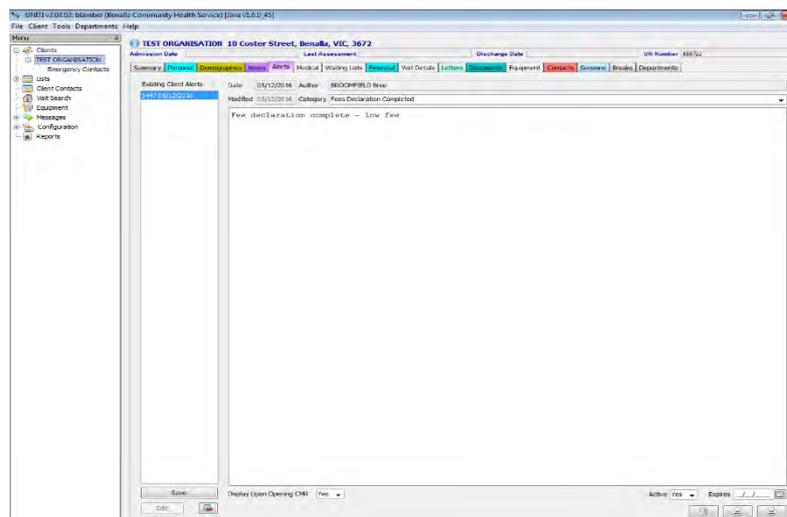
Fee Declaration

Community Health services are delivered on a fee for services basis, with the exception of counselling services which are currently fee free. Fees are set under the Victorian State Government Fees Policy for Community Health Services and are therefore, reviewed annually. This policy requires fee rates to be set based on client self-declaration of income bracket and/or health care card or pension status.

To ensure clients are charged appropriately and the fee policy explained, including the waiver option (See **Resources** section).

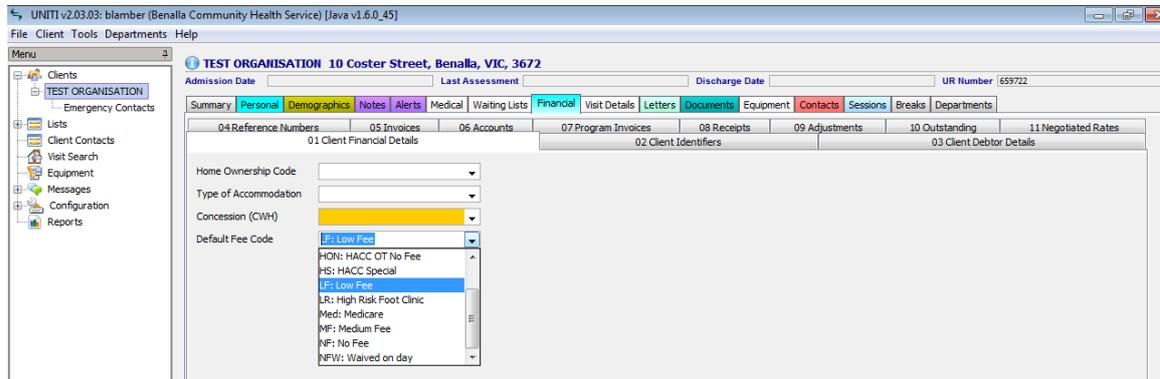
Once the form is complete the clinician should:

1. Scan and attach a copy of the form to the documents section of the client's UNITI electronic file using standard file naming procedure. File the hard copy in the paper file. Alternatively, some or all of this task may be allocated to administration staff to attend to.



2. Under the **Alerts** tab, create an alert on the UNITI file regarding the fee declaration having being completed and the current fee rate.

- The updated default fee code should be entered on the **01 Client Financial Details** tab under the **Financial** tab.



- Review the validity of the form at each visit and update with the client annually.

Consent

Prior to sharing any information regarding a client, the *SCTT Consent to Share Information* template needs to be completed. This applies in all instances except in the event of mandated reporting.

If the employee wishes to refer on, check test results or details with another service, correspond to the referrer or otherwise, consent must be gained. It is acknowledged that the majority of clients will expect certain information to be shared if they've agreed to or requested a referral to another service but in all instances formal consent is required.

When completing a *SCTT Consent to Share Information*:

- Explain who, what and why you need to share information with
 - Complete the relevant sections of the form with the client. Including details at the bottom of the page and the client details +/- UR label/sticker.
- Provide the client with a copy of the Victorian Government Privacy Information Flyer (See **Resources** section)
 - Assist in understanding this document (if required).

Once the form is complete

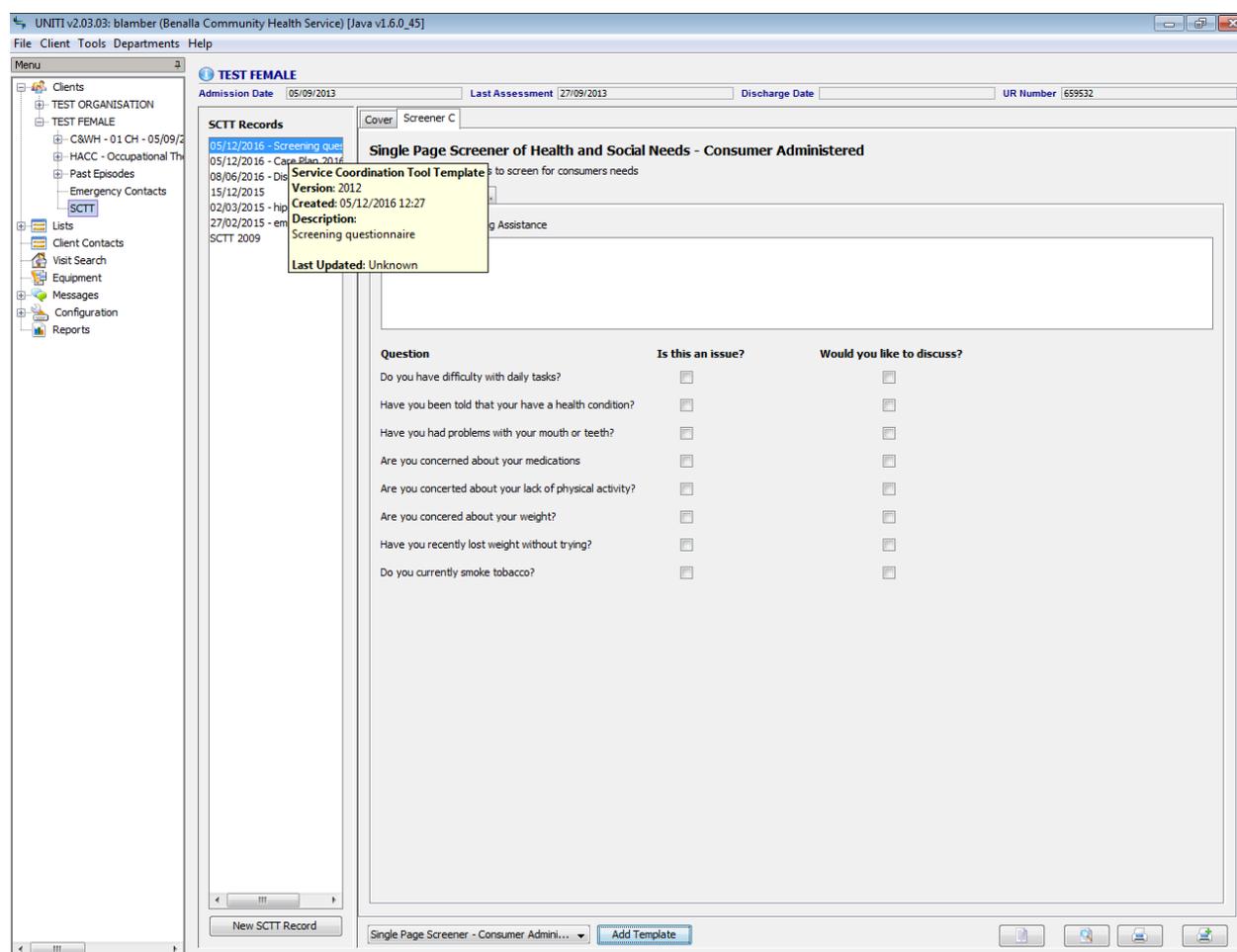
- Attach a UR label/sticker to the *Privacy Documentation Record Sheet* and complete this form as evidence that the Victorian Government privacy information flyer has been provided to the client.
- Scan and attach a copy of the *SCTT Consent to Share Information* template AND the *Privacy Documentation Record Sheet* to the **Documents** tab of the client's UNITI file using standard file naming procedure. File the hard copies in the paper file. Alternatively, some or all of point 2 may be allocated to administration staff to attend to.

Screening questionnaire

To help meet client needs and ensure that they have access to the right care, at the right time, in the right place, the *Single page screener of health and social needs – Consumer Administered* should be carried out, preferably at the initial consultation, with the first service provider they encounter.

It can be repeated at any time a clinician deems it relevant or the client requests. The frequency at which it is completed will depend on individual client needs. The support a client requires to complete it will also vary between individuals.

The questionnaire can be completed in hard copy and then be electronically attached to the **Documents** tab of the client's UNITI file or alternatively, completed under a new SCTT template and saved accordingly under **Documents** tab.



The screenshot displays the UNITI v2.03.03 software interface for a client named 'TEST FEMALE'. The main window shows the 'Single Page Screener of Health and Social Needs - Consumer Administered' form. A tooltip for the 'Service Coordination Tool Template' is visible, providing details such as 'Version: 2012', 'Created: 05/12/2016 12:27', and 'Description: Screening questionnaire'. The form includes a table with the following structure:

Question	Is this an issue?	Would you like to discuss?
Do you have difficulty with daily tasks?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been told that you have a health condition?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had problems with your mouth or teeth?	<input type="checkbox"/>	<input type="checkbox"/>
Are you concerned about your medications?	<input type="checkbox"/>	<input type="checkbox"/>
Are you concerned about your lack of physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Are you concerned about your weight?	<input type="checkbox"/>	<input type="checkbox"/>
Have you recently lost weight without trying?	<input type="checkbox"/>	<input type="checkbox"/>
Do you currently smoke tobacco?	<input type="checkbox"/>	<input type="checkbox"/>

OPERATIONAL TASK

If, for some reason, these documents are not completed in the initial consultation please clearly document the reasons contributing to this delay and develop a plan to ensure they are completed in a timely manner sensitive to the individual situation.

REFERRALS

Internal referrals

Internal referrals between Benalla Community Health services should be carried out using the following procedure:

<http://benh-intranet/Departments/CommunityHealth/Shared%20Documents/UNITI%20Quick%20Guide%20Internal%20Referrals.docx>

Internal referrals to other Benalla Health Services such as Health Independence Programs (HIP) or Home Nursing Services (District Nursing, Hospital in the Home, Palliative Care) should be carried out using a similar process.

1. Complete a new SCTT (with an appropriate name) on the clients' UNITI file
2. Notify the relevant service
 - a. HIP: Notify intake (via phone or email using UR number)
 - b. HNS: Fax referral to them

In ALL cases clinician discretion should be applied. There may need to be variances to these processes where a clinician is referring to themselves between programs or where a client moves between one program and another. It is not necessarily mandatory that they be added to the waitlist of the new program as, under No Wrong Door, they have already entered the system and should be supported in the most appropriate, timely and straightforward manner.

External referrals

It is expected that clinicians, when referring on, will endeavour to contact the relevant agency to determine the most appropriate referral method. It is preferred that Connecting Care (www.connectingcare.com) be used wherever possible. In the case of a client needing to be redirected PRIOR to entering our service (by reception staff or intake worker/s), it is sufficient for the employee to provide the client with the appropriate name and contact details for the service which can better meet their needs. However, if additional assistance is required, it is also appropriate to offer this. For example, telephone the service on behalf of the client.

If in the event the most appropriate service is unknown, all effort should be made to assist the client to determine where to go next.

Employees should be aware of centralised referral systems for certain services including:

My Aged Care: <http://www.myagedcare.gov.au/>

ACSO: <http://www.acso.org.au/what-we-do/connect/>

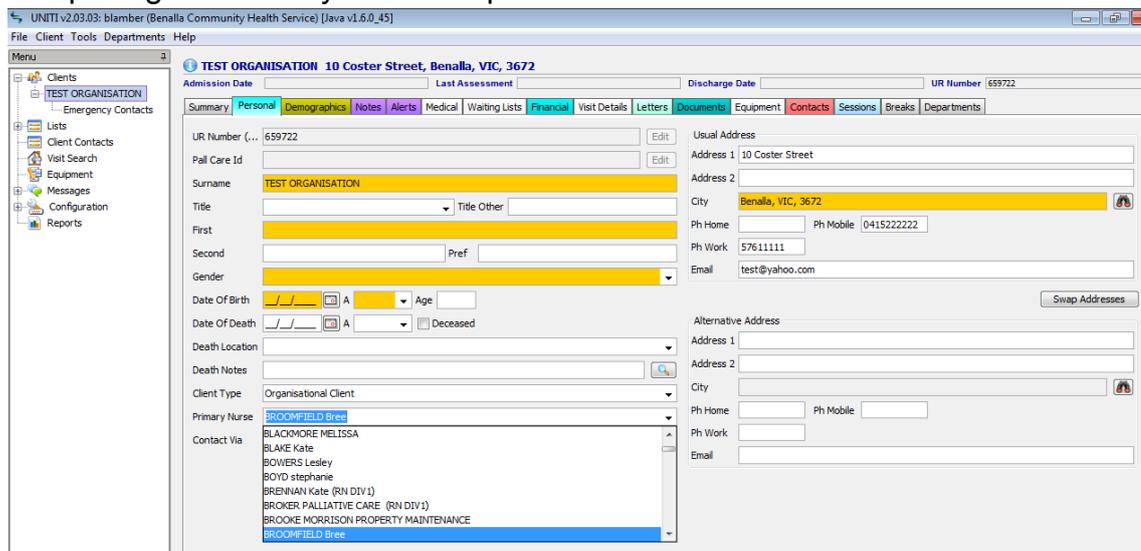
Connecting Care: <https://www.connectingcare.com/>

Key Workers

To assist vulnerable clients and/or those with complex needs, Benalla Community Health clinicians have the capacity to nominate as a Key Worker. This should occur where the need exists AND other specific funding and key worker/case managers are not available to fulfil this role.

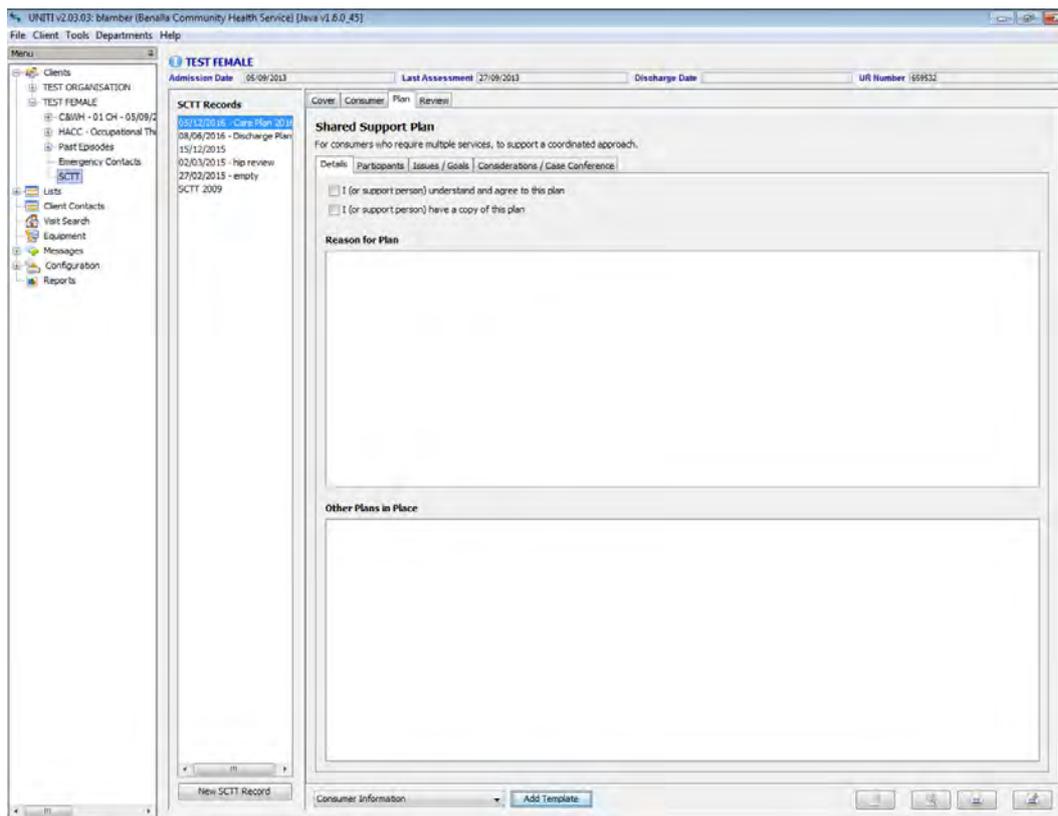
To ensure others working with the client are aware of the clinician's additional role, the nominated clinician should:

1. Update the relevant section of the **Personal** tab of the client's UNITI file, by completing the Primary Nurse drop down box.



The screenshot shows the UNITI v2.03.03 interface for a client named 'TEST ORGANISATION' at '10 Coster Street, Benalla, VIC, 3672'. The 'Personal' tab is active, and the 'Primary Nurse' dropdown menu is open, displaying a list of names: BROOMFIELD Bree, BLACKMORE MELISSA, BLAKE Kate, BOWERS Lesley, BOYD stephanie, BREWAN Kate (RN DIV1), BROKER PALLIATIVE CARE (RN DIV1), BROOKE MORRISON PROPERTY MAINTENANCE, and BROOMFIELD Bree. The 'Primary Nurse' field is currently set to 'BROOMFIELD Bree'. Other fields include UR Number (659722), Usual Address (10 Coster Street, Benalla, VIC, 3672), and Contact Information (Ph Home, Ph Mobile, Ph Work, Email).

2. Document this decision and action in the relevant progress note.
3. Complete the *SCTT Care Plan* (on UNITI) with the client ensure client goals and tasks to be undertaken by all involved are up to date.
 - a. Open the SCTT from the drop down menu under client name on the left hand side.
 - b. Create a new SCTT and save with a relevant name.
 - c. Select the relevant templates to add to the SCTT from the drop down menu at the bottom of the page.
 - i. Essentially *Consumer Information* and *Shared Support Plan* (and/or *Shared Support Plan Review*)
 - d. Complete and save the templates.



OPERATIONAL TASKS

Accurate records of the care delivered need to be kept and so, when acting as a key worker, rather than in the capacity of a specific discipline, this time should be recorded appropriately (06 REACH funding code).

Employees unfamiliar or unsure about this process are responsible for seeking the relevant support from other team members.

APPLICATION OF THE MEMORANDUM OF UNDERSTANDING (MOU)

Application of the principles outlined in the MOU require that all service providers have a thorough understanding of said document and are familiar with the above procedures. This will require introductory training to all current employees and provision of training to all new employees.

Good customer service and demonstrated respect for clients and colleagues is essential for creating a welcoming environment, conducive to helping clients navigate the local system. Therefore, in enacting the MOU it is expected that service providers will engage in polite interactions with others, timely responses to emails and phone messages and ensure they communicate well with others. This latter point may include updating 'out of office' function on email, noting down the details of meetings and appointments using the UNITI booking system (so that they can be located as required or administration staff can contact the appropriate people in the case of unplanned leave) and notifying relevant staff of changes to plans whenever possible.

In terms of client journey, it is expected that the support of service providers be offered and forthcoming wherever possible and whenever the need arises.

Consider, where resources allow;

- Instigating joint appointment/s to support client care, reduce duplication and reduce the time/transport burden on clients.
- Providing clients with options in regards to where a consultation takes place (in the community, at home, at the centre, over the phone).
- Offering a warm handover whereby you introduce a client to the clinician or employee you are referring on to (within the Ray Sweeney Centre or on a joint visit for example).
- Discussing other available services and programs offered at, or by Benalla Community Care agencies.

OPERATIONAL TASK

Employees who believe others are not operating by the principles of the MOU should make their concerns known, preferably to the individual in question (as per the Go Direct policy employed at Benalla Health) or alternatively, speak to a Team Leader.

RESOURCES

It is important that employees know where to go for further information and service details. Is it not expected that every employee will know the details of every service but it is expected that they will be able to locate information that their client needs, when they need it. To assist in this situation employees should be familiar with the MOU, these procedures and the following documents:

NO WRONG DOOR INTRANET RESOURCES (Benalla Health)

<http://benh->

[intranet/Departments/CommunityHealth/SitePages/No%20Wrong%20Door.aspx](http://benh-intranet/Departments/CommunityHealth/SitePages/No%20Wrong%20Door.aspx)

- Service framework
- Do you need help? Poster
- Community Health Brochure
- Visiting services listing
- CH services listing
- Privacy Documentation Record Sheet
- Privacy Information
- Fee waiver form

Connect Benalla Website: www.connectbenalla.org.au

Benalla Who? What? Where? Website: www.benallaservices.com.au

Department of Human Services directory:

<http://humanservicesdirectory.vic.gov.au/SiteDetails.aspx?SiteID=54848>

To help complete the tasks and procedures outlined within the manual, staff should be aware of

SCTT: <https://www2.health.vic.gov.au/primary-and-community-health/primary-care/integrated-care/service-coordination/sctt-forms> Including the *Consent to Share Information* template which will be located in all new paper files and can also be accessed via UNITI SCTT facility.