

Service Coordination Survey 2008

Statewide Report

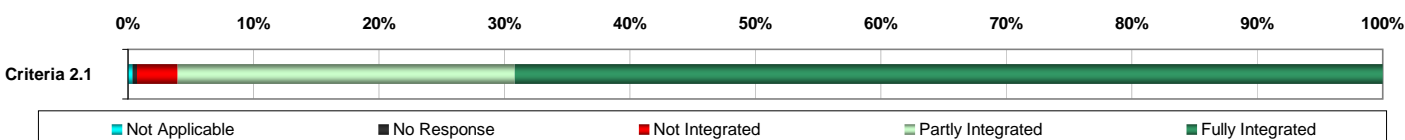
203 agencies responded to Service Coordination Survey from all DHS regions, this includes a total of 636 programs.

Programs:	Total number of responses:
Admitted patients	16
HARP	26
Emergency Services (includes 24 hour emergency respite support)	10
Post Acute	24
Sub Acute	14
Palliative Care	14
Outpatients	13
Allied Health	34
Aged Care Assessment	40
HACC	189
Homelessness assistance	12
Long-term housing assistance	4
Dental Services	11
Community Health	83
Ambulance Services	1
Child Protection and Family Services	20
Disability Services	51
Drugs Services	17
Early Years Services	14
Mental Health	32
Youth Justice and Services	11

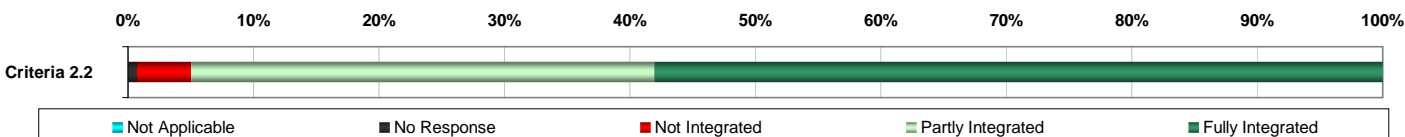
Prepared By: Primary Health Branch
Rural & Regional Health & Aged Care Services
Department of Human Services

For more information email: pcp@dhs.vic.gov.au Website: www.health.vic.gov.au/pcps

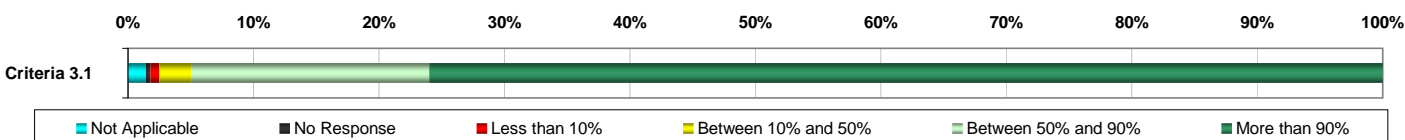
Criteria 2.1. Your agency has integrated Service Coordination principles into consumer feedback systems, for example, consumer satisfaction surveys, complaints procedures, informal mechanisms.



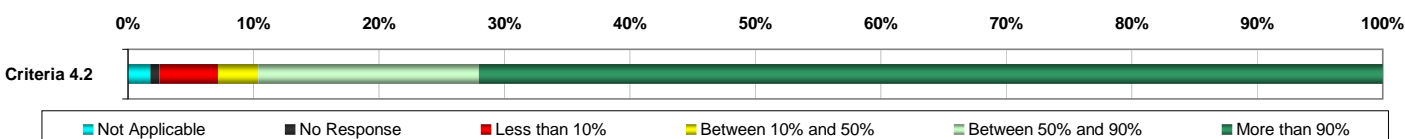
Criteria 2.2. Your agency has integrated Service Coordination practice standards and program requirements into its policy, work plans and position descriptions where applicable.



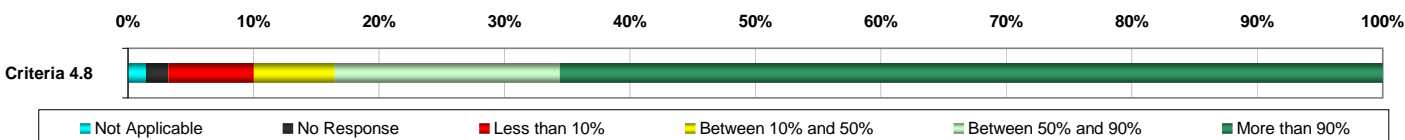
Criteria 3.1. Consumers have been given information about specific services provided by your agency in response to their enquiry (such as: when & where the service is provided, any eligibility or access criteria & how to get an appointment) within 1 working day of making contact.



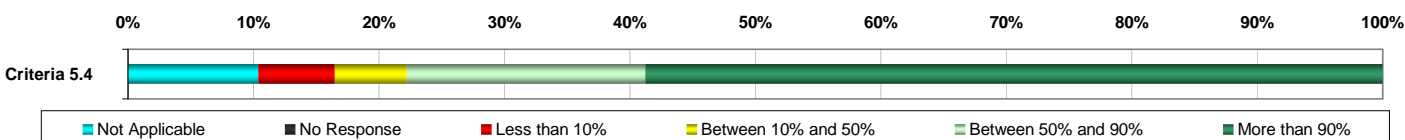
Criteria 4.2. Your agency conducts Initial Needs Identification within no more than 7 working days of Initial Contact.



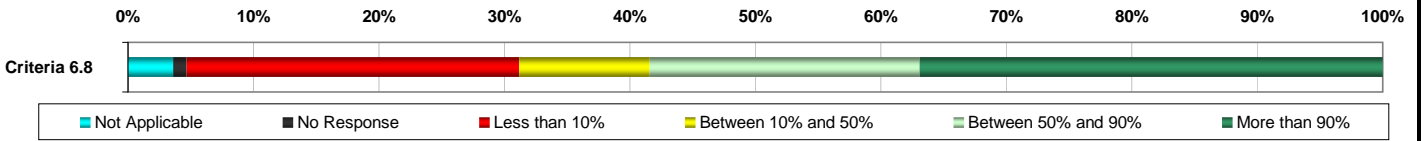
Criteria 4.8. Service Coordination Tool Templates have been used for referral in accordance with policy (for example, DHS program or agency policy) and the Service Coordination Tool Templates 2006 user guide & reference guide.



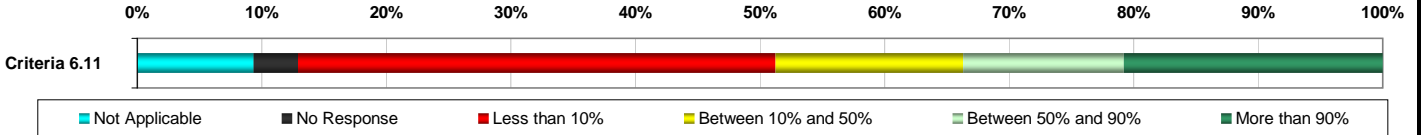
Criteria 5.4. Where a waiting period between the referral and assessment occurs, the health and wellbeing of consumers have been monitored as appropriate, according to risk.



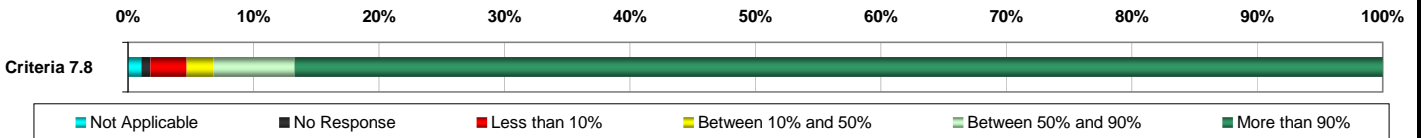
Criteria 6.8. Service Coordination Plans (which provide an overarching summary care plan linking the service specific care plans and within-agency care plan) have been documented for consumers with complex or multiple needs who are receiving services from more than one agency.



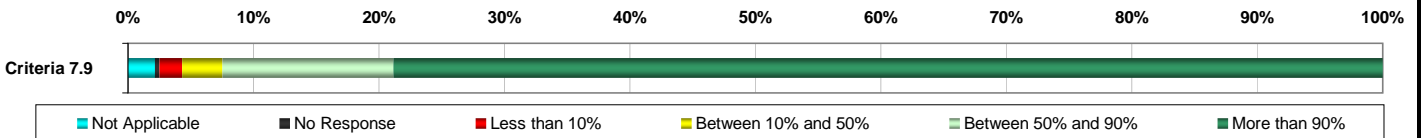
Criteria 6.11. When there is a Service Coordination Plan, the consumer's GP has a copy of the agreed Service Coordination Plan (if appropriate).



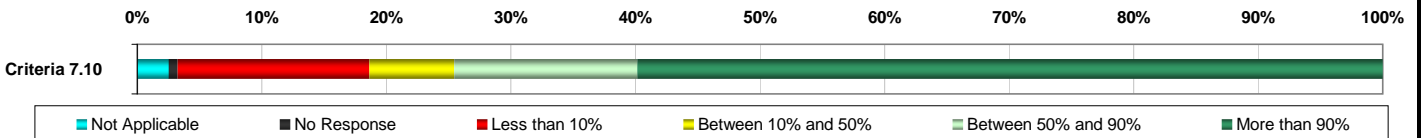
Criteria 7.8. When your agency is the receiving agency, it has responded to 'urgent referrals' within 2 working days of receipt.



Criteria 7.9. When your agency is the receiving agency, it has responded to 'low' or 'routine' referrals within 7 working days of receipt.



Criteria 7.10. When your agency is the receiving agency, it transmits the Referral Acknowledgement to the agency which initiated the referral within 7 working days of receiving the referral.



Criteria 8.2. When your agency is the referring agency, the consent form has been completed for all referrals requiring the disclosure of personal information.

