

**NORTHERN MALLEE PCP CHRONIC DISEASE & SERVICE COORDINATION PARTNERSHIP WORKING PARTY**  
**INTEGRATED CHRONIC DISEASE MANAGEMENT & SERVICE COORDINATION**  
**WORK PLAN 2010-2012**

***Integrated Chronic Disease Management***

Activity	Outputs	Activity finalised	Responsible	Impacts
<b>1. Care Planning</b>				
1.1. Gather data and explore local problems with regards to care planning – conduct local audits and share results	<ul style="list-style-type: none"> <li>• Items to audit determined by each agency</li> <li>• Audits conducted at each agency</li> <li>• Audit results shared and explored at a meeting between all participating agencies</li> <li>• Content of local education workshops determined and informed by audit results</li> </ul>	April 2010	All	Increase number of care plans in Northern Mallee that meet the VHA criteria
1.2. Local education re care planning –its current status locally (from audits) and best practice/direction, to achieve a common understanding of care planning* and build the rationale for improvement	<ul style="list-style-type: none"> <li>• Three workshops – Mildura (SCHS, Hospital, MAHS), Robinvale (RDHS, MVAC) and Mallee Track (MTHCS) – attended by 80% of staff in chronic disease or allied health teams</li> </ul>	June 2010	All	Care planning processes documented*
1.3. Care Planning Collaborative: Use a quality improvement process to improve care planning across Northern Mallee, which involves facilitated workshops, Plan Do Study Act cycles and facilitator support for participants between workshops	<ul style="list-style-type: none"> <li>• Experienced facilitator engaged</li> <li>• Three facilitated learning workshops attended by 2-3 reps of each agency</li> <li>• All participating agencies complete Plan Do Study Act cycles about care planning between workshops</li> </ul>	July – Nov 2010	All	Improved consistency in care planning*
1.4. Issues and opportunities for future work beyond the 2010 Care Planning Collaborative identified	<ul style="list-style-type: none"> <li>• Issues for future work identified during the Collaborative process, documented and report to PCP Executive</li> </ul>	Dec 2010	PCP EO	
* These three elements of care planning were identified as highest priority at the second strategic planning workshop.				
<b>2. Diabetes Pathways</b>				
2.1. Finalise pathway and protocol for people with diabetes accessing the visiting endocrinologists (paed & adult)	<ul style="list-style-type: none"> <li>• Pathway for visiting endocrinologists documented and endorsed by endocrinologists, diabetes educators and health service leaders via PCP Executive</li> <li>• Pathway used by all Northern Mallee Health services and use confirmed</li> </ul>	June 2010 Dec 2010	All	Diabetes service gaps in Northern Mallee identified and regional planning to fill them underway

<p>2.2. Review all available services for people with diabetes (Type 1, Type 2 and Gestational) in the Northern Mallee against the Loddon Mallee Regional Diabetes Pathways published in 2009</p>	<ul style="list-style-type: none"> <li>• Workshop with all providing services to people with diabetes represented</li> <li>• Outcomes of workshop documented</li> <li>• Report to PCP Executive the service gaps or improvements required to meet best practice</li> <li>• PCP Executive’s resulting actions shared with workshop participants</li> <li>• People living with diabetes in Northern Mallee consulted on service gaps, and informed of PCP Executive’s actions</li> </ul>	<p>June 2010</p> <p>July 2010</p> <p>Dec 2010</p> <p>Dec 2010</p>	<p>All</p>	<p>Shared understanding of best practice diabetes care</p>
<p><b>3. Strengthening Primary Health Care for Aboriginal People</b></p>				
<p>3.1. Link Care Planning Collaborative detailed in Section 1 of this work plan to SPHAC project, with MAHS and MVAC as key stakeholders– develop appropriate strategies</p>	<ul style="list-style-type: none"> <li>• MAHS, MVAC and other stakeholders in SPHAC project participate in quality improvement activities focused on care planning</li> <li>• SPHAC project objectives around care planning are met</li> </ul>	<p>Jun 2010</p>	<p>All</p>	<p>Increase number of care plans for aboriginal people in Northern Mallee that meet the VHA criteria</p>
<p>3.2. Coordinate the recruitment, orientation and support of staff to be appointed by the SPHAC project, the Regional Closing the Gap strategy, the DGP Closing the Gap position/s and PCP ICDM projects</p>	<ul style="list-style-type: none"> <li>• Project staff for PCP ICDM work, SPHAC, Regional Closing the Gap strategy, DGP Closing the Gap are recruited, orientated and supported in a manner that demonstrably shares resources and experience between the PCP and MAHS</li> </ul>	<p>Apr 2010</p>	<p>All</p>	<p>Improve health of aboriginal people in Northern Mallee</p>
<p>3.3. Ensure there is not duplication between activities pursued by the SPHAC project, Regional Closing the Gap strategy, DGP Closing the Gap work and PCP work</p>	<ul style="list-style-type: none"> <li>• Work plans for SPHAC, Regional Closing the Gap, DGP Closing the Gap and PCP ICDM do not duplicate activities</li> </ul>	<p>Apr 2010</p>	<p>All</p>	
<p><b>4. Osteoporosis &amp; Arthritis</b></p>				
<p>4.1. Investigate the high prevalence of osteoporosis in the Northern Mallee</p>	<ul style="list-style-type: none"> <li>• Report to PCP ICDM Working Group which details age breakdown, service utilisation, comparison populations and other key features of osteoporosis in Northern Mallee</li> </ul>	<p>Dec 2010</p>	<p>PCP EO</p>	<p>Effective strategies developed to address osteoporosis in Northern Mallee</p>
<p>4.2. Identify appropriate opportunities for intervention or improvement around osteoporosis</p>	<ul style="list-style-type: none"> <li>• PCP ICDM Working Group work plan details a plan of action around osteoporosis</li> </ul>	<p>Jun 2011</p>	<p>All</p>	
<p><b>5. Partnership Development</b></p>				
<p>5.1. Confirm structure of Northern Mallee PCP’s ICDM work</p>	<ul style="list-style-type: none"> <li>• Structure of PCP ICDM work (including members of all groups and roles of each group) documented and confirmed by all groups</li> </ul>	<p>Mar 2010</p>	<p>PCP EO</p>	<p>Strong and effective partnership between all</p>
<p>5.2. Merge PCP’s Service Coordination and Chronic Disease</p>	<ul style="list-style-type: none"> <li>• SC work plan 2009-12 developed that is merged</li> </ul>	<p>June 2010</p>	<p>PCP EO</p>	

activity	with or complementary to ICDM work plan 2009-12 • Governance structure for SC work of PCP does not supplantation ICDM structure			Northern Mallee agencies supporting people living with chronic disease
5.3. Ensure that all service providers involved in chronic disease management are engaged in the care planning collaborative	• SCHS, MTHS, RDHS, Division of General Practice, MAHS, MVAC, Mildura Hospital acute services and outpatient services all participate in Care Planning Collaborative	April 2010	PCP EO	
5.4. Recruit project officer to lead ICDM work	• Appropriately qualified project officer appointed, using statewide PCP Project Officer recruitment checklist	April 2010	PCP EO	
5.5. Ensure that key stakeholders in the SPHCAP project are engaged in PCP ICDM work	• MAHS, MVAC and other stakeholders in SPHAC project participate in quality improvement activities focused on care planning	June 2010	All	

### ***Service Coordination***

<b>Activity</b>	<b>Outputs</b>	<b>Activity finalised</b>	<b>Responsible</b>	<b>Impacts</b>
<b>1. Increase awareness and use of e-communication capabilities within agencies</b>				
1.1 Support agencies new to e-communication to implement e-communication capabilities	<ul style="list-style-type: none"> <li>• Encourage new agencies to apply for and implement PKI capabilities to be able to receive secure e-communication documents</li> <li>• Work with agencies to adopt e-communication processes and understand the full benefits of using secure messaging</li> <li>• Encourage use of secure messaging not just for initial referral but for sharing of all client related information</li> <li>• Encourage use of "Attachment" facilities on cc.com for agencies to send SCTT from existing databases, or to send other relevant information securely</li> </ul>		Partner agencies identify other potential PKI users  New agencies	<p>Additional agencies/services install and use PKI.</p> <p>PKI/e-communication included in existing/additional agencies processes, staff demonstrate greater understanding of e-communication benefits</p> <p>Increase number of "Attachment" type referrals</p>

<p>1.2 Provide ongoing support to existing e-communication enabled agencies</p>	<ul style="list-style-type: none"> <li>• Encourage agencies using e-communication capabilities to encourage their referring agencies to utilise the technology for sharing client information</li> <li>• Existing agencies identify high referral sources and encourage them to adopt e-communication practices for secure information sharing</li> </ul>		<p>Partner agencies identify other potential PKI users</p> <p>New agencies</p>	<p>An increased number of agencies install PKI or encourage use of existing PKI capabilities.</p> <p>Agencies able to send majority of referrals and other relevant information securely/electronically, especially for high referral sources</p>
<p>1.3 Encourage agencies to utilise the electronic acknowledgement and feedback capabilities of connectingcare.com</p>	<ul style="list-style-type: none"> <li>• Repeat information/education sessions with existing agencies to explore and encourage use of feedback capabilities</li> </ul>		<p>All PKI users</p>	<p>Increase acknowledgement stats from 50% to 90%</p>
<p>1.4 Support agencies to adopt e-communication process and embed into processes and procedures</p>	<ul style="list-style-type: none"> <li>• Assist Mildura Rural City Council Early Years department to implement and install e-communication systems to receive e-referrals</li> <li>• Assist Mildura Base Hospital Midwifery unit to implement and install e-communication systems to send birth notifications to Maternal Child Health Nurses</li> <li>• Assist Robinvale District Health Service to implement and install e-communication systems to receive secure electronic information</li> <li>• Assist Mildura Aboriginal Corporation to implement and install e-communication systems to receive secure electronic information</li> <li>• Work with the Division of General Practice to support agencies and General Practice to implement</li> </ul>		<p>MRCC Early years Manager, Admin staff &amp; IT MBH Mid Manager, Ward Clerks &amp; IT RDHS</p>	<p>PKI installed; processes embedded into existing referral pathways. Able to receive/use e-communications; staff training undertaken; e-communication demonstrated in statistics.</p> <p>Argus/cc.com connectivity</p>

	<p>the Argus and connectingcare.com interface (when available)</p> <ul style="list-style-type: none"> <li>Support agencies already using e-communication capabilities to increase number of agencies both sending and receiving secure electronic information</li> </ul>		<p>Manager, Support staff &amp; IT</p> <p>MAC Midwife &amp; IT</p> <p>Agencies, MDGP's, GP's</p> <p>Agencies</p>	<p>working seamlessly; agencies aware of and able to use facilities. Increase in e-communication stats between ARGUS/cc.com</p> <p>Agencies encourage referral sources to utilise electronic means for sharing information</p>
<b>2. Improve access to services for consumers in Northern Mallee</b>				
<p>2.1 Agencies develop and implement a streamlined, consistent approach to initial needs identification, referral, assessment and care planning</p>	<ul style="list-style-type: none"> <li>Work with member agencies to continue implementation and streamlining of common practice standards and tools</li> <li>Work with agencies in improving the quality and sharing of consumer health and information for referral</li> <li>Agencies improve prioritising to reduce waiting lists and improve timely access to services</li> <li>Agencies utilise the connectingcare.com service directory to provide information on service providers to consumers</li> </ul>		<p>PCP member agencies staff</p>	<p>Member agencies participate in intra-agency protocols, processes and practices</p> <p>Agencies report better, more relevant information and more referrals</p> <p>Increased</p>

				information sharing
2.2 Agencies improve the quality and accuracy of information provided for e-communication	<ul style="list-style-type: none"> <li>• Agencies have greater understanding of the nature of information required for referral to particular services</li> <li>• Agencies provide as much information as possible/suitable for referral to reduce the consumers need to repeat required information</li> <li>• Agencies provide detailed feedback on referrals to improve quality and accuracy of information received for referral</li> </ul>		PCP member agencies staff	<p>Reported improvement of information received for referral</p> <p>Reported decreased number of 'blank' fields on SCTT referrals</p> <p>Reported increase in 'constructive' feedback on referrals</p>
2.3 Support development of interagency protocols and agreements to streamline interagency processes	<ul style="list-style-type: none"> <li>• Work with local Diabetes Service providers to develop interagency protocols for referral and management of consumers accessing visiting endocrinologist clinics</li> <li>• Work with local HACC Meals on Wheels and Assessment providers to develop local protocols for assessment and referral of HACC eligible consumers for Meals on Wheels services</li> <li>• Work with Mildura Base Hospital Midwifery Services and providers of Maternal &amp; Child Health Services to improve the delivery, accuracy and feedback of information related to birth notifications and discharge plans for new births</li> </ul>		<p>Diabetes Service Providers, SCHS, MBH, MAC, RDHS</p> <p>MRCC ADS, MMOW, SCHS</p> <p>MRCC EY &amp; MBH</p>	<p>Clear interagency agreements are signed off by participating agencies. Clear accurate interagency protocols developed detailing pathways through relevant services.</p>

			MID	
<b>3. Improve agencies and the community's awareness of services provided by other agencies in the Northern Mallee</b>				
3.1 Support opportunities for information sharing and collaborative promotional activities	<ul style="list-style-type: none"> <li>• Support the "Little Day Out" Children's Expo</li> <li>• Support Early Years</li> <li>• Support Mental Health Week</li> <li>• Support Veterans Health Week</li> <li>• Support Breast Feeding calendar</li> <li>• Support other aligned events as appropriate</li> </ul>		PCP member agencies staff	PCP has a presence at events as necessary, on planning committees, provide stall as appropriate, advertise and provide information
3.2 Support opportunities for print and electronic information sharing	<ul style="list-style-type: none"> <li>• Support development and promotion of "Youth in the Know" website/flip cards</li> <li>• Support production of Early Years Directory &amp; Breastfeeding calendar</li> <li>• Promoting the local electronic service directory – <a href="http://www.connectingcare.com">www.connectingcare.com</a></li> <li>• Support annual Mental Health lift out in Sunraysia Daily</li> <li>• Support agencies to promote services and events by providing the Northern Mallee PCP.org and connectingcare.com websites</li> <li>• Maintain the NMPCP website for agency information sharing and calendar of events</li> <li>• Support and train agency staff to update and maintain information on the connectingcare.com service directory</li> </ul>		PCP member agencies staff	Support as appropriate

3.3 Create opportunities for interagency information sharing	<ul style="list-style-type: none"> <li>Facilitate monthly service coordination reference group meetings, with an agenda that reflects project updates, information sharing, and opportunities for guest presentations on new projects</li> <li>Support bi-monthly PCP networking forums with guest presentations on relevant issues, new and existing services</li> </ul>		All Service Coordination participating agencies	Minutes reflect agenda items and relevance of information, agencies continue to support staff to attend
<b>4. Continue to implement the Victorian Service Coordination Practice manual and Service Coordination Tool Templates (SCTT) / Victorian Statewide Referral Form (VSRF) to a broader range of services and programs</b>				
4.1 Support services and programs new to service coordination to implement Service Coordination processes and tools	<ul style="list-style-type: none"> <li>Map existing users of SC and SCTT to identify referral pathways and identify new services/programs potentially ready to implement SCTT/SC practices</li> <li>Work with new services/program areas, both public and private, to understand the principles of SC, the benefits to the programs and the agencies they work with</li> <li>Assist new programs/services to implement SC and SCTT, identify opportunities for engagement of staff, review existing policies and protocols to reflect SC principles</li> </ul>		All member agencies	<p>Referral pathways are mapped and understood by agencies</p> <p>Agencies are more aware of other agencies participating in the SC process, agencies not members of the PCP encouraged to understand principles</p>
4.2 Work with Division of GP's to encourage use of the Victorian Statewide Referral Form	<ul style="list-style-type: none"> <li>Promote VSRF to GP practices</li> <li>Ensure Form is available in GP Medical Director Templates</li> <li>Provide training and information to GP's and practice Staff on the benefits of using the VSRF and how it fits with the wider service sector</li> </ul>		MDGP, GP's	GP practices report understanding of VSRF and how it fits in the SC process
4.3 Increase awareness of VSRF to non GP agencies	<ul style="list-style-type: none"> <li>Promote VSRF to health and wellbeing agencies as an accepted alternative to the SCTT</li> <li>Agencies identify and accept referrals on VSRF</li> </ul>			Agencies able to identify and accept VSRF as part of SC suite of tools

				Agencies report receipt of the VSRF
--	--	--	--	---

**Notes:** PCP EO – Primary Care Partnership Executive Officer; MTHCS - Mallee Track Health & Community Service; RDHS - Robinvale District Health Services  
 SCHS – Sunraysia Community Health Service; MVAC - Murray Valley Aboriginal Co-operative; MAHS – Mildura Aboriginal Health Service; Hospital – Mildura Base Hospital; SPHCAP -  
 Strengthening Primary Health Care for Aboriginal People project at SCHS & MAHS 2009-12; DGP - Division of General Practice