

# Clinical Connections

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Member organizations of the

**North and West**

**Metropolitan Region**

**Palliative Care**

**Consortium.**

- Northern Health
- Western Health
- Austin Health
- Melbourne Citymission
- Werribee Mercy Hospital
- Mercy Western Palliative Care
- Melbourne Health
- Royal District Nursing Service
- Banksia Palliative Care

## Why a Consortium?

The consortium was formed to improve communication across the north and west metro regions and to ensure a streamlined and coordinated approach to service delivery and implementation of policy directives. A Regional Plan was developed that met with the requirements of the region and of the DHS *Strengthening palliative care: a policy for health and community care providers 2004-09*, policy document.

Since the formation of the consortium a management group has been meeting to progress the implementation of the regional plan. A part of this process has been the development of a communication structure for the region that enables staff, community representatives, generalist and private providers and other stakeholders to have input into service issues and planning. A project officer was appointed for the region and commenced in September 2005.

**Next issue: The structure of the consortium.**

## Service Coordination...

**Providing better service for clients and avoiding duplication!**

One of the issues that was highlighted in both the DHS policy document and the North and West Regional Plan was service coordination. **How do we better coordinate services for clients and their families?**

How do we share information between service providers in a more effective way? How can we avoid clients and families having to answer the same questions over and over again each time a new clinician is involved in their care? **How do we avoid duplication and service 'gaps'?**

One of the ways of addressing all of these things is by having a regional approach to coordinating services and sharing information. Sharing of information has become increasingly difficult as every organization collects

information in different ways. They ask different questions, they have different reporting requirements (for example inpatient facilities have different reporting requirements to the community services) and they use different systems. Some organisations use electronic data collections systems, some use hard copy. Most organisations have unique referral and discharge forms and all organizations have their own forms for gathering basic client information.

This often means clients are asked the same questions over and over again and clinicians spend an enormous amount of time transcribing information from one form to another, when they could be providing clinical care.

## This is your Newsletter

.....what do you want to know about our region, the consortium, the regional plan? Do you have activities you want promoted to other consortium members?

Contact Molly Carlile: [mollyinv@bigpond.net.au](mailto:mollyinv@bigpond.net.au) with your comments and questions. Title your email CLINICAL CONNECTIONS.

**Palliative Care providers have been wanting this process streamlined for years and finally we now have a tool that will begin to make this easier.**

Community providers have been using the Service Coordination Tool Template (SCTT) for some time and now it is our chance to make it work for us.

## Lets make it happen!

The implementation phase of SCTT has begun. It is a requirement that all palliative care providers have the mandated tool templates in use by July 1 2006. This can be in either hard copy or electronic form. The consortium is developing an education

process to enable staff to complete a Train the Trainer program teach their colleagues how to use the templates. This process will allow us to share information more easily and to learn from the work done by our community health colleagues. Stay tuned



for more information on SCTT implementation in the next edition of **Clinical Connections** or talk to senior staff in your organization.