



Eastern Mental Health Service Coordination Alliance Snapshot Audit-Baseline data results

Objective: To examine the current level of shared care practices in the Eastern Metropolitan Region.

Audit method: Clinician self-report, using Microsoft Excel and/or survey monkey tools.

Client target group (purposely sampled) =Service providers current client caseload in February, 2014.

Participating Organisations: N=16

Access to Allied Psychological Services (ATAPS) EMML	CCCU	Doncaster and Koonung Continuing Care Team (CCT) Eastern Health	EACH
EACH-KSCH	EDAS/ EACH	EMML PIR	EMML Headspace
EMML MHNIP	MCCU	Mental Illness Fellowship (MIF) PIR	MIND East
Murnong CCT	NEAMI National Donc & Black	OEMSTS	Waverley CCCT

Sample size: n=2322 consumer files

Key Findings:

Of the files audited (n=2322):

- 59% consumers with a mental health concern received assistance from two or more services due to having multiple needs (see diagram 1 for an organisation/service breakdown¹). Please note: Some service providers reported they were not sure of the client's situation (n~50).

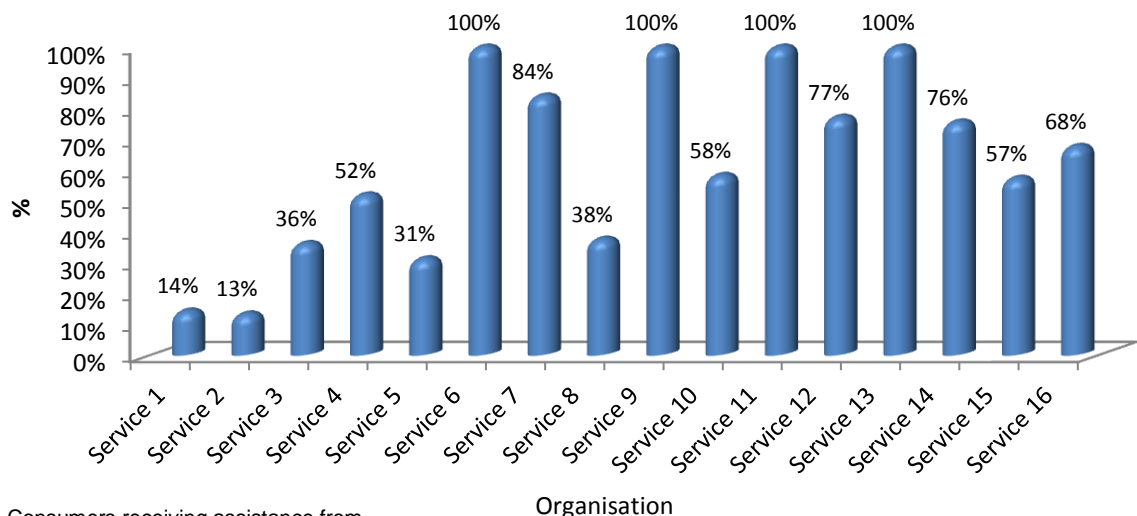


Diagram 1: Consumers receiving assistance from two or more services

¹ Organisations have been de-identified and allocated a random number in order to show some metadata

- Overall 44% consumers had an identified general practitioner, with two services reporting over 90%, three services 70-80% and four services reporting below 60% (see diagram 2).

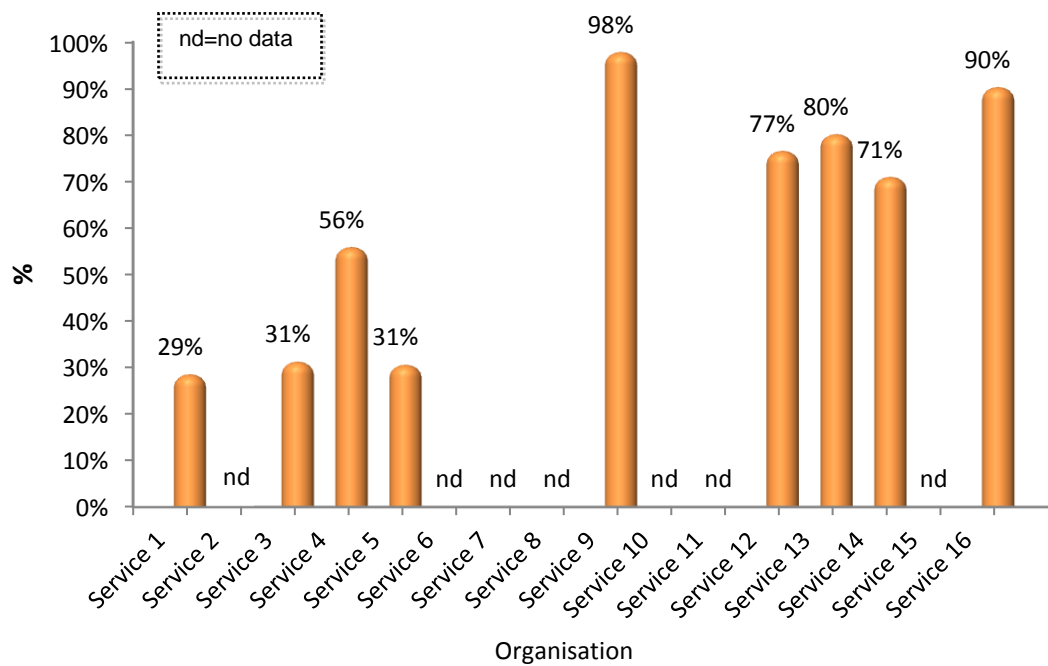


Diagram 2: Organisation/ service breakdown-consumers with an identified GP

Clients with a mental health concern and receiving services from multiple (two or more) services:

- 33% had a Wellness plan documented
- 43% had a documented safety assessment and management plan
- 28% had evidence of a documented shared care plan

Plan Descriptors

Wellness plan: A wellness plan could include the following elements: (a) Overview of the client’s key stressors, early warning signs, key self management strengths, natural supports and effective coping and relapse prevention strategies (b) Support plans pertaining to those who may be dependent upon the client in times of relapse... E.g. children, pets etc..... (c) Advanced directives.

Safety assessment plan: A safety assessment is an ongoing process of observation and critical thinking to ensure the safety of consumers and those who support them. A risk assessment tool may be used to further identify clear management strategies (e.g. CRAM- Clinical Risk Assessment and Management tool).

Shared Care Plan: A shared care plan is a plan of care in which a group or team of health professionals work together with the client, carers to deliver a holistic, coordinated and individualised service response.

Table 1 provides a breakdown of planning documentation proportions per organisation/ service and diagram 3 shows a visual representation of these data.

	Consumer has a documented Wellness Plan	Consumer has a documented Safety Assessment and Management Plan	Consumer has a documented Shared Care Plan
Service 1	1%	3%	0%
Service 2	0%	20%	13%
Service 3	17%	37%	36%
Service 4	34%	28%	28%
Service 5	20%	18%	8%
Service 6	37%	31%	2%
Service 7	83%	83%	57%
Service 8	38%	38%	5%
Service 9	2%	4%	34%
Service 10	83%	92%	75%
Service 11	100%	100%	100%
Service 12	44%	58%	29%
Service 13	19%	99%	99%
Service 14	18%	59%	8%
Service 15	39%	69%	50%
Service 16	45%	52%	55%

Table 1: Documentation types present for consumers

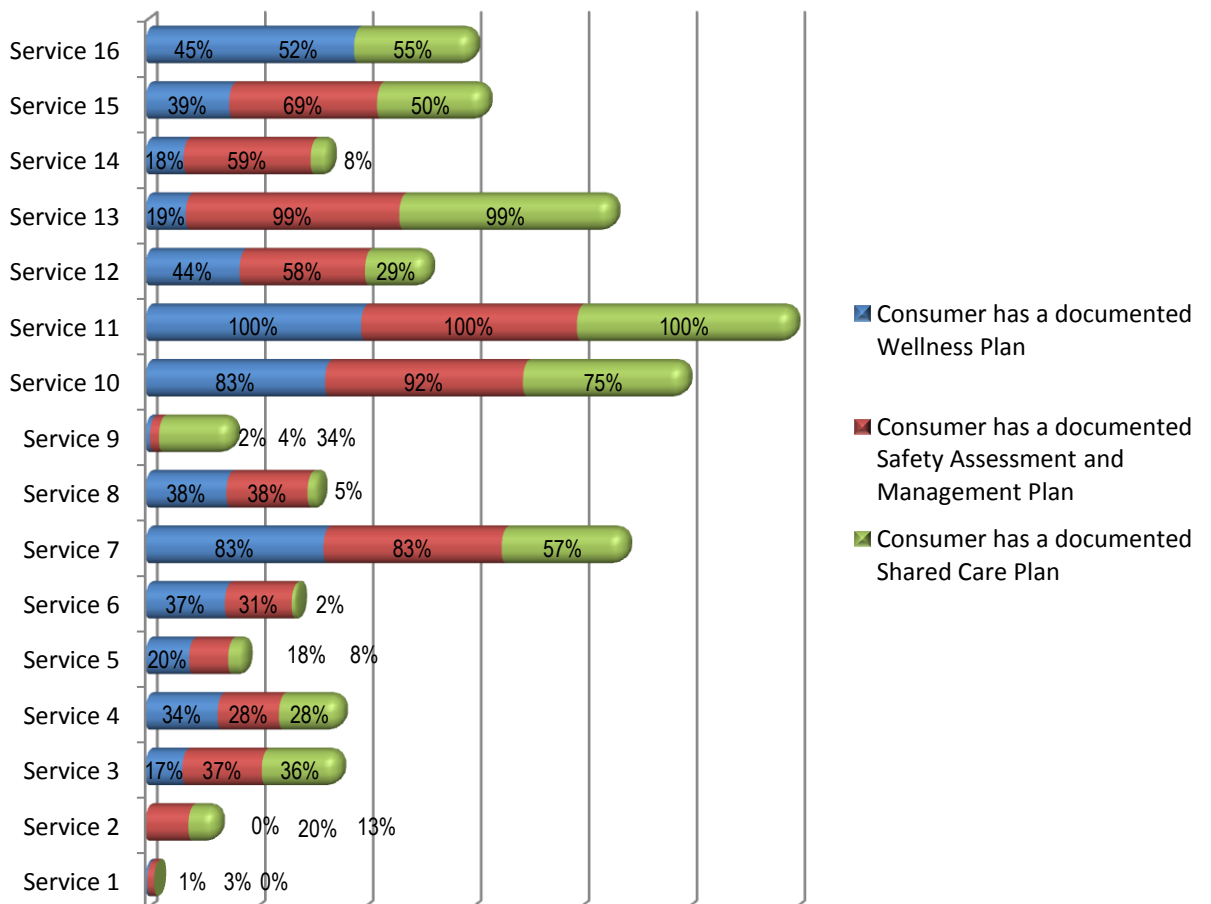
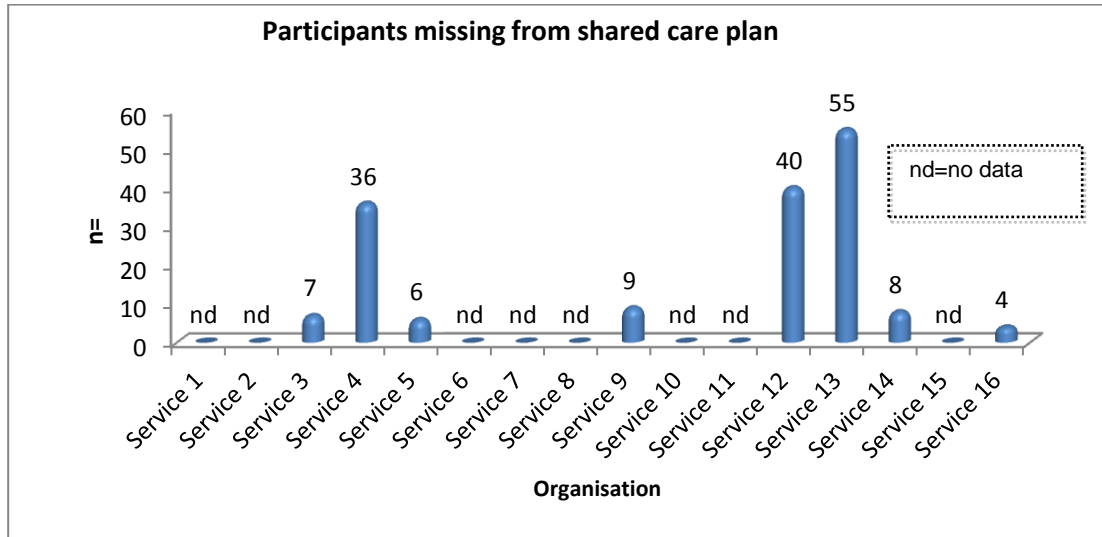


Diagram 3: Documented evidence of plans per service

Shared care and care plan documentation

Shared care participants

Service providers were asked to report the number of participants/ other health providers who were missing from the client's shared care plan. Services reported that an additional 165 participants were not included on the shared care plans. Diagram 4 provides a visual breakdown per organisation/ service. Fifty per cent of participating services did not record a response.



Shared care plan fields/elements:

As reported above, 28% (n=650) files audited across services had evidence of a documented care plan. Of those documented care plans, service providers were asked to indicate if the care plan had evidence of eight different information components or fields completed. Table 1 provides completion numbers and proportions for each care plan field component. Consumer goals and actions rated the highest with 92% and 94% respectively. Other care plan components, including 'overview of the clients current situation', 'list of participants', 'roles and responsibilities of participants' and 'consumer consent' were all above 70%. Two components, 'planning coordinator or support facilitator identified' and 'planned review dates' were 54% and 53% respectively.

The shared care plan includes the following elements (fields)								
	(a) Overview of the consumer's current situation	(b) Consumer's goals	(c) Strategies or actions	(d) Roles and responsibilities of all parties involved	(e) List of participants involved in the development of the plan	(f) Planning Coordinator or Support facilitator identified	(g) Planned Review dates and agreed form of communication	(h) Consumer consent documented
n=	485	600	612	477	480	351	345	480
%	75	92	94	73	74	54	53	74

Table 1: Care plan elements and completion rates (%)