

E-referral building rural connections

part of the Rural and Remote Engagement Program (RARE) piloted by Wimmera UnitingCare

Aims: to provide timely delivery of services to consumers through the use of e-referral ; develop relationships and communication pathways between service providers and the new RARE program; to improve the flow of referrals.

Author: Geoff Witmitz - Wimmera PCP
Ehealth Case Study

Project Summary/Abstract:

During 2010/11 Wimmera Primary Care Partnership service coordination staff worked extensively with the Rural and Remote Engagement Program (RARE) to improve referral pathways to ensure timely appropriate referrals for care and support. RARE was piloted in the West Wimmera Shire in far western Victoria as an outreach program designed to meet the needs of people in their homes, farms and community groups. When people in remote rural areas face problems and crises in their lives, navigating the service system and finding appropriate providers can be difficult. Establishing relationships, communication and referral pathways with service providers are critical in ensuring that needs are met in a timely manner and e-referral became an important tool to make this happen.

Scoping was conducted on services likely to be required by the West Wimmera residents. E-referral pathways to those services were developed using electronic Connectingcare Health Services Directory. Referral protocols were developed utilising the Service Coordination Tool Template (SCTT) tool templates. These communication documents were then sent through a web based secure email messaging service Connectingcare.

The project worker hit the ground running. The establishment of e-referral pathways enabled the RARE outreach worker the ability to communicate with providers from the clients' home utilising 3G connectivity. The project worker could them have a conversation with the consumer to define their needs and refer on the spot.

Program Logic Expectation:

- Develop and implement agreed service coordination practice for prioritised hard-to-reach population groups and vulnerable communities.
- Support the sharing of relevant consumer health and care information (with consumer consent) via secure electronic systems (e-referral).

Project Background:

The use of e-referrals as a means of fast effective communication between health and wellbeing services in the Wimmera PCP catchment has been a major part of PCP's service coordination work over the past 6 years. The take up, while slow to begin has been steadily growing. In July 2011 Wimmera PCP agencies produced 10% of the referrals through Connectingcare while having only .07% of the Victorian population.

RARE was initiated by Wimmera UnitingCare, piloted in West Wimmera Shire to meet the increasing support needs of that rural community. For those who struggle with health problems, depression, isolation, mounting responsibilities on their farming properties, and for those who have limited transport options, the RARE program offered service in the environment of their own home or farm. E-referral was the tool to support this happening.

A key to the success of the RARE program was its ability to efficiently create referrals to ensure the timely delivery of services. This was facilitated by building an understanding of services, local referral pathway/referral agreements and relationships with the regional network of providers.

The project helped open up e-referral pathways for other programs within the Wimmera UnitingCare as well modelling the use of e-referral to the boarder partnership.

Project Objectives:

To develop a demonstration project to build further e-referral path ways within Wimmera UnitingCare and other partner organisations. To support the successful implementation of the RARE project.

Identified Partners:

Partner Organisation	Roles and responsibilities with regard to the project	Contact person details (name, position)
Wimmera UnitingCare	outreach worker RARE – project establishment	Tim O'Donnell Outreach Worker
Wimmera Primary Care Partnership	service coordination, service directory and e-referral pathway development and training	Geoff Witmitz Agency Liaison Officer

Identified Participants:

Participant Organisation	Roles and responsibilities with regard to the project	Contact person details (name, position)
Edenhope and District Memorial Hospital	Social Worker – Service Provider	Gerald White, Social Worker
Wimmera UnitingCare	Financial Counselling, Counselling, Family Services - Service provider	Marc Thomas - Financial Counsellor, Melissa Marra - Manager Family Services
West Wimmera Shire	Home Services – Service Provider	Jenny Ackland - HACC Services Manager
West Wimmera Health Service (Goroke Campus)	Community Health Nurse – Service Provider	Julie Worsley - Community Health Manager Goroke Campus WWHS

The project helped to build and provide:

- Timely, proactive and coordinated delivery of services receiving positive feedback from consumers on service delivery
- e-referral pathways for agencies
- use of e-referral as the preferred method of sending referrals was a key outcome
- The process was also important in further building engagement of service provider across a variety of networks
- challenges included; rural remoteness, poor G3 coverage, part time staff and loss of key personal (workers)

Methodology & Approach:

Work was undertaken with the RARE project worker to identify the key stakeholders delivering support service in the West Wimmera Shire. Training was then provided to those identified (where needed) in the use of e-referral. Work was then undertaken to establish and agreed e-referral practices/e-referral pathways utilising the service coordination tool templates and including referral feedback.

Key resources included: web based Connectingcare Health Service Directory/Secure Messaging Service, laptop and remote connection to Web via 3G network. West Wimmera Service Provider Network was an important partner providing feedback and help with the review processes.

E-referral traffic was monitored through the Connectingcare referral traffic statistics generated from the web based system. These demonstrated the use of e-referral, feedback and service delivery timeframe. These statistics were used as a bench-mark against the Statewide Service Coordination practice standards timeframes for referrals.

All work within the project is underpinned by service coordination principles and these were embedded or reinforced with all of those involved in the project.

The establishment of the local agreements developed for e-referral and communications between the RARE project worker and service providers supports the development of client focused service systems to streamline the delivery of services.

As a demonstration project the learning from this work was shared by service coordination staff with the Integrated Chronic Disease Management (ICDM) network as well as staff working on Plan Do Study Act (PDSA) projects.

The communication strategy was based on initial face to face contact with regional service providers and key workers and supported by the partnership delivery platform of the Wimmera Primary Care Partnership.

Local agreements with general practices in the West Wimmera were informally developed through visits and phone conversations. Communication via e-referral was not possible for all GPs as some systems did not support the secure email delivery. Referrals to these GPs were done via phone/fax with the consent of the consumer. In most cases the referral to the GP was done through an engaged service provider such as the local social worker.

GP e-referrals has been followed up as a further piece of service coordination work that will see e-referral pathways to the local GP opened before the end of the 2012.

Results:

Service Improvement & Innovation

- The project improved communication between departments within Wimmera UnitingCare. Improving client journeys across services within the agency and timely delivery of services.
- Consumer feedback reflected positive engagement by the service providers and a streamlined and timely delivery of services. Reduced duplication of service system processes were a direct outcome of the local communication agreements. Clear lines of communication enabled the prioritising of client needs to ensure the delivery of service in a timely manner. This will be reflected in the 2011 service coordination survey utilising the 2010 survey as a bench mark, e-referrals to WUC increased by 142%.
- Through the process of developing and establishing the local referral/ communication agreements and partnerships between the providers have been strengthened as agencies have a better understanding of one another's scope of practice. Improved understanding includes what services other agencies were funded to deliver, their catchment and capacity to deliver those services and importantly recognising where they can work together to deliver services for their community.
- Further areas for service coordination work such as the GP's incompatible computer system were identified and have been successfully solved as part of ongoing service coordination work.

Outcomes

Protocols were developed around appropriate referrals and referral feedback. This included the prioritising of service delivery for those in crisis.

- E-health Directories were updated (Connectingcare).
- E-referral pathways were developed and staff training delivered for participating agencies (WUC, WWHS, WWS, EDMH).
- Timely delivery of services to consumers was provided resulting in positive consumer feedback.

"It would have taken three or four sessions for me to get to a point where I could trust a worker and make some progress if I had gone into an office. Having Tim come out to my home, this happened in one session."
(Reed's words)

- Partnerships between providers were strengthened and an improved understanding between agencies of each others of scope of services was developed.
- The project has led to intensive work with other parts of Wimmera UnitingCare and partner agencies