E.11 Co-ordination with Other Services

1.0 INTRODUCTION/BACKGROUND
Mercy Services understands that its clients may also be receiving assistance from other organisations because:
- Mercy Services does not offer the service the client needs;
- The client started receiving a service from another organisation before they started with Mercy Services and the client wishes this service to continue;
- The client wants assistance from more than one organisation; and/or
- The client believes the other organisation will provide that service better than the equivalent Mercy Services service.

Having more than one provider can give a client a sense of power/security knowing that any difficulty with one service is unlikely to affect either their other services or the staff providing those other services.

The inevitability and desirability of clients having more than one organisation assisting them requires Mercy Services develop and maintain excellent relationships and service coordination mechanisms with other agencies in order to support clients to enjoy the best possible quality of life.

Coordination with other government and non-government services at a local level is important to ensure that:
1. clients can easily navigate the service system
2. services are provided in the most effective and efficient manner, and
3. to avoid duplication
4. to identify and eliminate gaps in services.

2.0 SCOPE
The purpose of this policy is to ensure Mercy Services employees and volunteers are able to appreciate the importance of policies and procedures regarding service coordination with other organisations.

3.0 POLICY STATEMENT
Mercy Services staff/volunteers will conduct themselves in ways which build constructive working relationships and service systems with other organisations that share clients or share similar goals to Mercy Services.

4.0 PROCEDURES
4.1 Speaking about other agencies
The Mercy Services Code of Conduct requires all staff/volunteers to relate in a positive, open manner with other organisations.

Mercy Services employees and volunteers will always speak about other agencies in a positive and respectful manner, focusing on the strengths of other agencies. If Mercy Services employees and volunteers have any concerns about aspects of
another agency that impact on client well being or Mercy Services interaction with that agency, the matter will be taken to the Coordinator, who will follow that agency’s complaints mechanism to resolve the issue.

Mercy Services employees and volunteers will not participate in discussions which denigrate other agencies.

4.2 Communication with other agencies
Mercy Services encourages communication:
1. formally, through methods such as:
   a. meetings
   b. telephone calls
   c. email and hard copy written correspondence
   d. newsletters and websites
   e. networking and planning events for the community sector

2. informally, through activities where client issues are not discussed, such as:
   a. recreational and spiritual events
   b. shared meals
   c. networking events for the business and government sectors

When appropriate other Agencies will be invited to Mercy Services events with the aim of strengthening the base of relationships.

Any communication about a client to another service requires the prior agreement of the client.

4.3 Referrals to other agencies
The client’s consent must be obtained prior to any information about them being:
- given to another agency,
- requested by Mercy Services from another agency.

When a referral is made by Mercy Services HACC or CACP services the Ongoing Needs Identification (ONI) Form will be completed. Additional information may be provided if necessary from a Duty of Care perspective.

A record of the referral will be filed on the client’s file (usually the electronic version)

Referrals will be followed up, and the outcome noted on the assessment form or care plan.

4.4 Referrals from other agencies
Procedures relating to the receipt of referrals from other agencies are set out in the E.02 Service Access and Equity Policy.

4.5 Case Coordination/Case Management
Case coordination describes an approach to service delivery that emphasises a co-ordinated approach to the provision of services to clients. It is important that people are not thought of as ‘cases’. They are individuals and clients of Mercy
Services’ services who are in control, at all times, of the services being provided to them.

It is important that the Coordinator know all of the agencies providing services to their clients.

It is often helpful to identify one agency as the principal service provider or case coordinator for each client. The case coordinating agency will normally be the one providing the most intensive level of support.

Most Mercy Services services do not have the resources or mandate to take on a case coordination or case management role. Where another agency takes on this role Mercy Services will provide appropriate cooperation.

Clients with Complex Needs
For clients with complex needs, Mercy Services supports an approach in which the “care coordinator” or “case coordinator” is supported by other individuals (“client support coordinator”) who are responsible for representing particular service areas (such as housing, indigenous, ethnic, specialist medical, mental health, alcohol and other drug treatment, education, disability, forensic, psychosocial community care, or other required services which may not yet be available) required to support the client. Such individuals may be employed by organisations other than Mercy Services.

Mercy Services Coordinators will define Mercy Services involvement in responsibility for clients with complex needs in which other organisations are involved in areas such as decision-making, care philosophy, data, planning, intervention, monitoring and review.

Mercy Services employees will communicate information in a relevant and timely manner to Mercy Services Coordinators, client care coordinators, client support coordinators, and the like, within Privacy Act requirements. When Mercy Services employees are care coordinators or client support coordinators, they will fulfill all agreed expectations in a concise, courteous, professional, relevant and timely manner.

4.6 Relinquishing the Case Coordination Role
Mercy Services will not give up the Case Coordination (principal service provider) responsibility for a client without first discussing this with the client and other agencies providing services, and ensuring that another agency takes on the principal service provider role.

Any change in the principal service provider will be clearly identified in the Care Plan.

4.7 Mercy Services Primary Coordinator role
Where more than one Mercy Services program assists the same client one of the Coordinators of these programs will be designated the Primary Coordinator.

As set out in E.03 Meeting Individual Needs Policy the role of the primary Coordinator is to:
a) Ensure the core client information is accurate at annual review (other Coordinators then only need update their particular Care Plan at their annual review with the client as they would rely on the Primary Coordinator to ensure the ONI or ACCR is accurate). If other Coordinators become aware of changes in the clients situation they will email these to the Primary Coordinator (who will update the paper record) and to admin (who will update the TCM record).

b) Liaise with doctor, family and other external partners if the issue concerns all Mercy Services (each Coordinator will still have a role where the issues are specific to their service)

c) Pass on relevant information obtained from the clients, family and other services to the other Coordinators involved with this client (often an email is easiest way to do this). Relevant information is information that the other Coordinator needs to complete their job well.

d) Represent Mercy Services at any case conference called by the GP or other case manager that covers issues relevant to all services. Where the case conference is particular to one Mercy Services service that services Coordinator will attend – not the Primary Coordinator.

5.0 REFERENCES

<table>
<thead>
<tr>
<th>1. Australian Standards</th>
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| 2. Legislation         | a) NSW Disability Services Act 1993  
b) Disability Discrimination Act 1992 (Cwth)  
c) Racial Discrimination Act 1975  
d) NSW Anti-Discrimination Act 1977 |
| 3. Professional guidelines | nil  |
| 4. Codes of Practice  | nil |
| 5. Codes of Ethics     | a) Australian Association of Social Workers Code of Ethics [link]  
b) Australian Psychological Association Code of Ethics [link]  
c) Code of Ethics for Nurses in Australia [link]  
d) Mercy Services Code of Conduct |
b) Provider Guide to Community Care Quality (2005)  
c) The Home and Community Care National Standards Instrument and Guidelines  
d) Hunter Region ONI Protocol [link] |
| 7. Mercy Services Values | Justice, Respect, Care, Unity, Service |
6.0 OTHER RELATED POLICIES AND PROCEDURES

- A.01 Mission and Philosophy
- A.03 Code of Conduct (staff and volunteers)
- A.05 Reconciliation
- C.01 Management Roles and responsibilities
- C.03 Operational Planning
- C.05 Quality Improvement
- E.01 Principles of Service Delivery
- E.02 Service Access and Equity
- E.03 Meeting Individual Needs
- E.04 Client Fees
- E.05 Client Participation, Decision Making & Advocacy
- E.06 Involvement of Families and Friends
- E.07 Client Rights and Responsibilities
- E.08 Complaints
- E.13 Cultural Awareness
- E.14 Duty of Care
- E.17 Privacy Policy
- G.06 Safe Home Visiting Policy & Procedure

7.0 RELATIONSHIP WITH STANDARDS

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<th>Community Care Common Standards</th>
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8.0 DOCUMENT CHANGES RECORD

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Review due 27/11/2015