

E.11 Coordination with Other Services

1.0 INTRODUCTION/BACKGROUND

Mercy Services understands that it's 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. It can also help 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, non-government and private-for-profit 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;
3. duplication is avoided; and
4. gaps in services are identified and eliminated.

2.0 SCOPE

The scope of this policy is to cover all Mercy Services employees and volunteers with regard to 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

4.01 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/Director of Care, 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.

4.02 Communication with other agencies

Mercy Services encourages communication with other agencies via:

- a. meetings about individual clients;
- b. telephone calls;
- c. email and hard copy written correspondence;
- d. newsletters, social media, websites etc.;
- e. networking and planning events for the community sector; and
- f. consultation forums around program, system and organisational issues.

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

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

4.03 Referrals to other agencies

The client's consent must be obtained prior to any information about them being:

- given to another agency, and/or
- requested by Mercy Services from another agency.

When a referral is made by Mercy Services disability or community aged care services the Ongoing Needs Identification (ONI) Form will be used. Additional and more detailed information may be provided if necessary.

Referrals will be followed up and the outcome noted.

A record of the referral will be filed on the client's file.

4.04 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.

4.05 Case Coordination/Case Management

Case coordination describes an approach to service delivery that emphasises a coordinated approach to the provision of services to clients. It is important that people are not thought of or described as 'cases'.

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

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

Most Mercy Services programs 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 Coordinator/Director of Care 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 Coordinator/Director of Care, 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.

4.06 Relinquishing the Care Coordination Role

Mercy Services will not give up the care coordination (principal service provider) responsibility for a client without first discussing this with the client and other agencies providing services, and ensuring that, if needed, another agency takes on the principal service provider role.

Any change in the principal service provider will be clearly identified in Mercy Services records (e.g., Care Plan and Carelink+ contacts/emergency summary).

4.07 Clients of more than one Mercy Services program

Where more than one Mercy Services program assists the same client one of the Coordinators of these programs will be designated as the client’s Coordinator (see E.03 Meeting Individual Needs Policy).

5.0 REFERENCES

1. Australian Standards	nil
2. Legislation	<ul style="list-style-type: none"> a) Aged Care Act, 1997 (Cth) b) Disability Inclusion Act, 2014 (NSW) c) Disability Discrimination Act, 1992 (Cth) d) Racial Discrimination Act, 1975 (Cth) e) Anti-Discrimination Act, 1977 (NSW)

3. Professional guidelines	nil
4. Codes of Practice	nil
5. Codes of Ethics	<p>a) Australian Association of Social Workers Code of Ethics http://www.aasw.asn.au/document/item/1201</p> <p>b) Australian Psychological Association Code of Ethics http://www.psychology.org.au/Assets/Files/Code_Ethics_2007.pdf</p> <p>c) The Nursing and Midwifery Board of Australia. Registration Requirements http://www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx</p> <p>d) Integrity in the Service of the Church https://www.catholic.org.au/media-centre/media-releases/cat_view/10-organisations/38-national-committee-for-professional-standards</p> <p>e) Mercy Services Code of Conduct</p>
6. Evidence	<p>a) DADHC “Standards in Action” (2012) https://www.adhc.nsw.gov.au/_data/assets/file/0008/235970/ADHC_Standards_in_action_combined_250513.pdf</p> <p>b) Australian Government: Department of Health (2015). Home Care Packages Programme Operational Manual https://www.dss.gov.au/sites/default/files/documents/12_2015/home_care_packages_programme_operational_manual-december-2015.pdf</p>
7. Mercy Services Values	Justice, Respect, Care, Unity, Service

6.0 OTHER RELATED POLICIES

- 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 Service Guarantee
- 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 Behaviour Support
- E.08 Complaints
- E.13 Cultural Awareness
- E.14 Duty of Care
- E.17 Privacy
- G.06 Safe Home Visiting

7.0 RELATIONSHIP WITH STANDARDS

Aged Care Accreditation Standards	Home Care Standards	Disability Standards	EQulP Standards
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1.2, 1.9, 2.4, 2.5, 2.6, 3.5, 3.7, 3.9,	2.1, 2.2, 2.3, 2.4, 2.5	1.3, 1.4, 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 3.2, 3.4, 3.5, 5.7,	1.1.1, 1.1.4, 1.1.5, 1.2.2
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8.0 DOCUMENT CHANGES RECORD

Dates of change	Section altered	Natures of changes made
01/01/2005	All	First record of document
09/02/2010	All	Update format and content
25/03/2011	7.0 Relationship to Standards	Replace HACC Standards and CACP Standards with Community Care Common Standards and update to EQUIP 5 Standards
27/11/2012	All Sections	Organisation name updated
21/03/2016	<ul style="list-style-type: none"> a) All sections b) 1.0 Introduction/Background c) 2.0 Scope d) 4.02 Communication with other agencies e) 4.03 Referrals to other agencies f) 4.05 Case/Coordination/Case Management g) 4.06 Relinquishing the Care Coordination role h) 4.07 Clients of more than one Mercy Services program i) 5.0 References j) 6.0 Other Related Policies k) 7.0 Relevant Standards 	<ul style="list-style-type: none"> a) Add Director of Care/Relevant staff in addition to Coordinator b) Minor re-wording c) Minor rewording d) Remove distinction of formal and informal methods and minor alterations to the list of methods e) Rename “HACC and CACP” as “disability and community aged care”. Remove restriction that Duty of Care the only reason to provide more information. Remove requirement that referral and outcome must be recorded on assessment form or care plan (they can now be recorded elsewhere) f) Minor rewording g) Minor rewording including that changes can be recording in more places that Care Plan h) Section renamed from “Mercy Services Primary Coordinator role” and shortened to a reference to policy E.03 Meeting Individual Needs i) Update Legislation, Codes of Ethics and Evidence j) Change of name for E.01 and E.07 k) Add Aged Care Accreditation Standards and update Disability Standards
Review due 21/03/2019		