EMHSCA Shared Care Audit

To support ongoing implementation and to gauge the uptake of the [Shared Care Protocol](https://www.emphn.org.au/images/uploads/files/EMHSCA-Shared-Care-Protocol-2020.pdf) by EMHSCA member organisations, a file audit was conducted annually between 2014 and 2017. This is to occur again for 2021/2022.

The audit has the following aims:

• To assess and identify areas for learning and continuous improvement

• To monitor the progress of the Shared care protocol implementation over time

• To keep Care Coordination on everyone’s radar

• To identify areas of need

How should our service conduct the Audit?

Collect information only from those services within your organisation that have the capacity to provide shared care for people who have a mental health concern. You have from the **1st of July 2021 and until 30th April 2022** to collect the data. You may choose any **4 week period** to conduct the survey up to that date.

Collect information about all service users who are already registered at your service (or a [random sample](https://www.surveymonkey.com/mp/random-sample-in-excel/) of no less than 15%) at the commencement of the four week period you have chosen, and then all new service users up to the C.O.B. on Sunday of the fourth week. You may find it easiest to collect the data by providing each worker involved in provision of shared care to service users with a copy of the Survey Monkey link [https://www.surveymonkey.com/r/Z6DMXQH](https://www.surveymonkey.com/r/Z6DMXQH%20%20)  (or the excel document provided) by commencement of the audit, and asking them to complete the data for their case load for the chosen 4 week period. They will need to complete a separate survey for each consumer.

## Using excel

If you choose to use the excel method to collect the data for the audit, Managers of each part of the organisation need to gather and collate the data for submission. Please note that **only collated results** should be sent to the EMHSCA project officer. Services retain individual results for local shared care improvement.

Managers and Team leaders are responsible for dissemination of the audit and supporting staff compliance. It is important that they understand the purpose of the audit.

If not using the Survey Monkey link, service managers are to return the collated audit data for their service to Bronwyn Williams [Bronwyn.williams@easternhealth.org.au](mailto:Bronwyn.williams@easternhealth.org.au). Please include the name of your service in the excel file title when they are emailed to Bronwyn e.g. “Koonung CCT EMHSCA SC audit 2021”.

**An example statement of explanation for staff is as follows:**

It is well established that provision of integrated care to people with multiple and/or complex needs is ideal. It is important that we monitor our shared care practices in order to improve the quality of our service provision to people with multiple and/or complex needs. The Eastern Region’s Shared Care Protocol has been developed by the Eastern Mental Health Service Coordination Alliance (EMHSCA). The aim of this audit is to collect local data in order to examine the current level of shared care practices across the Inner- and Outer- Eastern areas of Melbourne. This data will assist organisational management regarding planning and improvements to service provision. Your support is very much appreciated.

**Shared Care Audit Questions - 2021/2022**

| **Question** | **Question criteria** | **Response values and skip logic** |
| --- | --- | --- |
| **Q 1.** | Who is answering this survey today? | Your service  Your organisation  Your name  Your role |
| **Q 2.** | Does the Person have an identified mental illness, mental health and/or AOD issues, and are they receiving assistance from two (2) or more  services due to having multiple needs?  NOTE: The other services do not necessarily have to be EMHSCA member services.  Only add those service users to the table who have a mental health concern (anxiety, depression,  other mood disorder, personality disorder, OCD, PTSD, psychotic disorder, behavioural disorder etc.) | 1=Yes; 0=No; NS=Not sure  If Answer is No or Not sure-You have finished.  If yes-go to Q. 3 |
| **Q 3.** | 1. Does the Person have an identified G.P.? 2. Has written or verbal communication about the person’s care been communicated to the G.P? | `1=Yes; 0=No; NS=Not Sure |
| **Q 4.** | What level of involvement has the G.P had as part of a shared care arrangement? | 1. None 2. Occasional 3. Reasonably regular 4. Regular 5. Frequent |
| **Q 5.** | Has a safety assessment and management plan been documented with the Person?  (e.g. assessment, report, file notes) | 1=Yes; 0=No |
| **Q 6.** | Is the Person receiving shared care from a group or team of  supports who are  working together to deliver coordinated care with the Person, carer? | 1=Yes; 0=No  If the answer is No- you have finished.  If If Yes, go to Q.7 |
| **Q 7.** | Has the carer/ significant other / nominee been involved in the care planning process?  Please answer N/A **only** if NO carer or significant other has been identified by the Person. | 1= Yes; 0 = No  N/A = Not applicable |
| **Q 8.** | Have the following aspects of coordinated care been documented somewhere (e.g. assessment, report, file notes)  Please answer Yes or No to each element: |  |
| **(a)** | Overview of the Person’s current situation | 1=Yes; 0=No |
| **(b)** | Person’s goals  (in their words) | 1=Yes; 0=No |
| **(c)** | Strategies or actions  (Person driven, clear and realistic) | 1=Yes; 0=No |
| **(d)** | List of supports involved | 1=Yes; 0=No |
| **(e)** | Roles and responsibilities of all parties involved | 1=Yes; 0=No |
| **(f)** | Has someone been identified that can coordinate this person’s supports?  Planning Coordinator – The person identified by the Person (or otherwise by consensus) as the most appropriate  to coordinate the care planning process and the contributions of all involved parties. This role involves arranging meetings with all parties to the Person’s plan and facilitating the updating and circulation of the Person’s plan. **Note:** A Support Coordinator or Care Coordinator could take on this role where appropriate.  Care Coordinator/Support Coordinator– Person specifically employed to support and coordinate the provision  of timely and appropriate care to people with multiple and complex needs. | 1=Yes; 0=No |
| **(g)** | Planned Review dates and agreed form of communication  1=Yes;  0=No | 1=Yes; 0=No |
| **(h)** | Personal consent to collaborate is documented | 1=Yes; 0=No |
| **7.** | Comments  Please make comments as needed to assist future planning. | Text field |

Thank you for your participation in the EMHSCA Shared Care Audit