

## Organisational Self-Assessment (Page 1 of 3)

RATE	SHARING POINT	EVIDENCE
<b>SHARING WITH PEOPLE</b>		
<b>Consumer and Community Engagement – People:</b>		
	<ul style="list-style-type: none"> <li>are informed of timeframes before the transfer occurs (and their carers)</li> </ul>	
	<ul style="list-style-type: none"> <li>are provided with access to their own information</li> </ul>	
	<ul style="list-style-type: none"> <li>are asked to nominate their general practice home</li> </ul>	
<b>Professional and Provider Interaction – Organisational staff:</b>		
	<ul style="list-style-type: none"> <li>discuss transfer of care timeframes with people and their families</li> </ul>	
	<ul style="list-style-type: none"> <li>provide people with access to their own information</li> </ul>	
	<ul style="list-style-type: none"> <li>ask people for their General Practitioner's contact details if not already provided</li> </ul>	
<b>System Integration – Systems are in place:</b>		
	<ul style="list-style-type: none"> <li>to ensure that people and their carers are fully informed of the transfer of care timeframes before the transfer occurs</li> </ul>	
	<ul style="list-style-type: none"> <li>to provide people with access to their own information, including but not limited to their personal health record, a copy of the transfer summary and ongoing management plan</li> </ul>	
	<ul style="list-style-type: none"> <li>to prompt people and their carers to identify their general practice home</li> </ul>	
<b>SHARING ACCOUNTABILITY</b>		
<b>Consumer and Community Engagement – People:</b>		
	<ul style="list-style-type: none"> <li>are aware of who is responsible for their care at any given time during the transfer of care, who they should contact and how to contact them</li> </ul>	
	<ul style="list-style-type: none"> <li>understand the information provided to them and can follow instructions about their care</li> </ul>	
	<ul style="list-style-type: none"> <li>are supported to self-manage their health conditions</li> </ul>	
<b>Professional and Provider Interaction – Organisational staff:</b>		
	<ul style="list-style-type: none"> <li>initiate the transfer of care, coordinate follow-up care, resources and appointments to another provider</li> </ul>	
	<ul style="list-style-type: none"> <li>utilise techniques to ensure information is understood by people and their carers and make sure that people understand the information provided to them</li> </ul>	
	<ul style="list-style-type: none"> <li>educate people about strategies to support their self-management</li> </ul>	
<b>System Integration – Systems are in place:</b>		
	<ul style="list-style-type: none"> <li>to prompt providers to coordinate follow-up care, resources and appointments before transferring the person</li> </ul>	
	<ul style="list-style-type: none"> <li>to ensure the organisation is health literate (refer to the Health Literacy Survey)</li> </ul>	
	<ul style="list-style-type: none"> <li>to use resources to educate people about how to self-manage their condition</li> </ul>	

## Organisational Self-Assessment (Page 2 of 3)

RATE	SHARING POINT	EVIDENCE
<b>SHARING COMMUNICATION</b>		
<b>Consumer and Community Engagement – People:</b>		
	<ul style="list-style-type: none"> <li>› information (including the transfer plan) is provided to the person in a format that respects a person's health literacy</li> </ul>	
	<ul style="list-style-type: none"> <li>› appropriate and timely information is shared between providers</li> </ul>	
	<ul style="list-style-type: none"> <li>› consumers are provided with a contact number of the organisation to address questions/concerns about their treatment</li> </ul>	
<b>Professional and Provider Interaction – Organisational staff:</b>		
	<ul style="list-style-type: none"> <li>› information (including the transfer plan) is provided to the person in a format that respects a person's health literacy</li> </ul>	
	<ul style="list-style-type: none"> <li>› appropriate and timely information is shared between providers</li> </ul>	
<b>System Integration – Systems are in place:</b>		
	<ul style="list-style-type: none"> <li>› to facilitate communication with General Practitioners</li> </ul>	
	<ul style="list-style-type: none"> <li>› to use standardised referral templates</li> </ul>	
	<ul style="list-style-type: none"> <li>› to support the timely communication of referrals</li> </ul>	
	<ul style="list-style-type: none"> <li>› to acknowledge receipt of referrals</li> </ul>	
	<ul style="list-style-type: none"> <li>› to audit referrals for quality and timeliness</li> </ul>	
<b>SHARING DOCUMENTATION</b>		
<b>Consumer and Community Engagement – People:</b>		
	<ul style="list-style-type: none"> <li>› receive a clearly documented transfer plan</li> </ul>	
	<ul style="list-style-type: none"> <li>› are not subjected to multiple assessments unnecessarily</li> </ul>	
	<ul style="list-style-type: none"> <li>› receive a copy of their medication list</li> </ul>	
<b>Professional and Provider Interaction – Organisational staff:</b>		
	<ul style="list-style-type: none"> <li>› is person-centred, appropriate and timely</li> </ul>	
	<ul style="list-style-type: none"> <li>› is legible, free of acronyms and based on a clearly articulated plan</li> </ul>	
	<ul style="list-style-type: none"> <li>› provides a contact number of the organisation should further information be required</li> </ul>	
<b>System Integration – Systems are in place:</b>		
	<ul style="list-style-type: none"> <li>› for a shared single assessment and transfer template in a secure, private and accessible format</li> </ul>	
	<ul style="list-style-type: none"> <li>› for patients to receive a current and legible medication list</li> </ul>	
	<ul style="list-style-type: none"> <li>› for the medication list to be provided to the general practice home and/or to the receiving provider</li> </ul>	
	<ul style="list-style-type: none"> <li>› to flag people taking more than 3 medications or high-risk medications for medication counselling</li> </ul>	

## Organisational Self-Assessment (Page 3 of 3)

RATE	SHARING POINT	EVIDENCE
<b>SHARING COORDINATION</b>		
<b>Consumer and Community Engagement – People:</b>		
	➤ experience coordinated transfers of care	
	➤ are aware of referred services, who, why and when they are attending	
	➤ are aware of future appointments	
<b>Professional and Provider Interaction – Organisational staff:</b>		
	➤ understand the scope of their role during the transfer process	
	➤ follow protocols for the communication feedback loop	
	➤ participate in the evaluation of their transfers of care	
<b>System Integration – Systems are in place:</b>		
	➤ best practice clinical guidelines are being used	
	➤ policies and procedures clearly outline transfer processes and role delineation	
	➤ a communication feedback loop exists (referring organisation>receiving organisation>referring organisation)	
	➤ there is a multidisciplinary approach to a person's care	
	➤ there are protocols to evaluate transfer of care processes and experience	
	➤ there are processes for consumer complaints, compliments and incident management that enable collaborative learning opportunities	