

Integrated Care Communities of Practice 2018-2020

Stories | Quotes from different sectors include:

Hospital care coordinator (HARP)

“At the first CoP I met somebody from a homeless program which then triggered follow up meetings at the hospital with our team and now we continue to liaise and refer.

“These have been really good as instead of just talking to people down the end of the phone we know who we are dealing with/talking to. The personal face to face meetings at the CoPs means we get things done and also I know who I am dealing with and have more trust. It makes referrals a lot easier and establishes the trust.

“The 5 min round table introductions are worthwhile as we need to know each other.

Hospital community rehab service

“The first CoP focused on services in the region and that was really great as I have used some of the contacts I met on the day in work or when we have case conferences I have been able to recommend services with direct contact details for people to refer to.

“To actually have a person and just be able to contact them directly has been very useful. These are groups we didn’t know about beforehand and now we are referring to them. My examples are all the cultural specific services – Asylum and Refugee Seeker Service; the Southern Migrant Resource Centre; Springvale cultural services.

“It was great to have time allocated to round table interaction. Not only do you find out about other services you get to know how to actually access them.

“The contact list which is centralised is very useful as you have somewhere to access at any time as it comes up. “This initiative is fantastic and will grow with time.

“The dental CoP was great because I have never sat and had a face to face chat with them. After the CoP I went and met them to ask if they were happy with our letters and they gave us the posters to put up at cardiac rehab. Little things like this add up.

General Practice

“GPs want to know who they are referring to and establish trust. The CoPs have enabled a lot of referral pathways because we have met them at the CoP and then established ongoing relationships. It is worthwhile because it allows networking and meeting people in the area. If we are going to refer we want to know who we are referring to.”

Council

“These help as hearing from other providers in the area provides insight into the broader system”.

“The dental CoP made me think maybe we could do a bit more of a focus on oral health in our patients and let the vulnerable patients know the fee scale at Star Community Health and that these

are relatively affordable. I handed the dental brochure out amongst staff. By highlighting the fee structure this has a direct impact on patient care.

“This impacts patient care because there is not enough communication between services.