Information Systems and Communication/ Products and technology

Shared communication is the cornerstone of integration, with shared treatment plans and regular communication, either formally through team meetings or informally, in-person or via phone or electronic medical record. Information sharing and communication involves formal and informal activities. Referral pathways are a key component of information sharing, but so are case conferencing and shared care planning. Communication about clients is important, but so is the interpersonal communication that builds team cohesiveness and trust. All these things require thoughtful consideration and the allocation of time and effort.

Please use **4b Checklist** to guide you through possible action items described below.

Establish joint meetings

To improve communication across the youth mental health service landscape, you will need to establish communication channels and regular meetings at the strategic and operational level. This requires dedicated resource in terms of managers and clinicians time, however this dedicated time will reap benefits in terms of less duplication of service and more streamlined and effective referral processes

Effectively share information

It is important to streamline information collection and sharing systems and processes. This includes continuing to ensure the headspace EMR maintains a complete client record for all activity relating to headspace clients, reviewing consent and information sharing processes between organisations, and making updates to client facing documentation as required. The extent to which formal structures for communication can be set up depends on the type of model that is being developed.

Develop referral pathways

Referral Pathways are essential in an integrated system. These pathways describe the steps needed for young people to move between and within services to achieve their goals or meet their needs. By having clearly agreed and understood referral pathways between services we support continuity of care and timely access to services by young people.

Thinking of the referral pathway as a way of making a young person's journey though services as easy as possible, keeps the focus on supporting them in the decisions they make about care.

A diagram can help describe your network of services and how they relate to each other and to their clients for referrals. The example below is taken from the Youth Integration Project mapping of the Randwick Health and Innovation Precinct.

Youth mental health service mapping – Randwick Health & Innovation Precinct
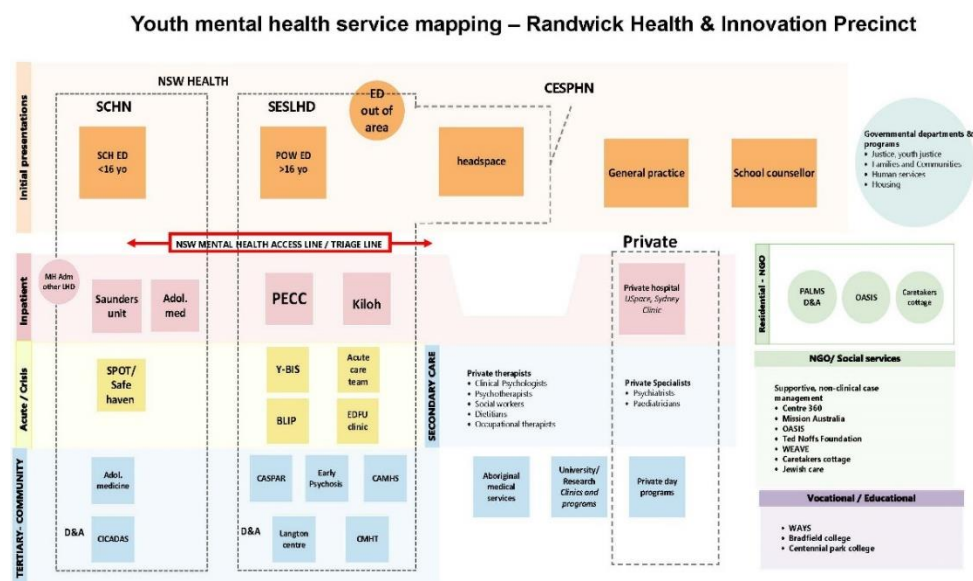
A description of the key enablers for effective referrals between youth mental health services. A template is included in this toolkit (link to 6a). Key points might include:

- Understanding each service's referral protocols and having up to date contact information

- Making "warm" referrals and/or warm transfers between services

- Knowing partner services and referring to the "right" service for the young person

- The channels that can be used for referrals, e.g. phone, email, face to face

- Ensuring information in a referral is accurate

- Having feedback processes in place for referrers

- Having a key contact for each service that can answer questions to support referrals

Developing referral pathways is not a small task. While individual partners can work on their own referral pathways, all partner organisations should be involved in shaping the pathways. This will require an appropriate delegate to coordinate and facilitate pathway development as living documents. It is good practice to check key contacts and linked documents annually, at a minimum, to ensure they are up to date.

Share resources and infrastructure

It is important to also identify opportunities for shared resources across closely networked services such as training and development, administrative support, buildings, equipment, etc.

Information Systems and Communication Checklist

Please use this checklist as a guide for possible action items towards improving integration for **Information Systems and Communication**. You can write anything you like in the 'Extra Notes' section.

Item	Completed? (Y/N)	Extra Notes
1. Have we organized case review/case conference meetings with multidisciplinary staff (clinician and non-clinician)?		
2. Have we established a method or methods for shared care planning?		
3. Have we organized steering committee or other high level executive meeting with key services?		
4. Have we organized meetings with networked research and evaluation partners to support emerging and ongoing research priorities?		
5. Have we allocated time in the workload of frontline workers to plan and participate in case conferences and care planning as needed?		

6. Does our eMR maintain a complete client record for all activity relating to clients?		
7. Are consent and information sharing processes between organisations established, and have we made updates to client facing documentation as required ?		
8. Have we Agree on a process for sharing client information between services		
9. Have we developed a process for regularly sharing information about different services in the network		
10. Conduct workshops with all staff attending on topics of shared interest, sharing knowledge, case challenges, case presentations, etc		
11. Have shared facility spaces and/or activities for informal gathering of staff (e.g., the coffee run, Friday lunches, dedicated eating area, outdoor seating etc)		
12. Have we completed service mapping excel template considering the referral pathways that exist?		

13. Have we developed referral pathways for all key partner services?		
14. Have we allocated an appropriate delegate and/or process for updating and maintaining referral pathways?		
15. Do we understand each service's referral protocols?		
16. Have we established common communication channels between services (e.g., phone, email, face-to-face)?		
17. Do we have a key contact for each service that can answer questions to support referrals?		
18. De we have feedback processes in place for referrers?		
19. Have we considered opportunities to share space, administrative support, IT, resources or other infrastructure with connected services?		
20. Have we considered opportunities for in-reach within your service or to other services		

Template for Youth Mental Health Referral Pathways

Referral protocols for youth mental health partners (copy as needed)

Service 1

Contact details
Name: **Phone:** **Email:** **Key Contact:**
Services offered
Target population
Referral criteria

Making a referral

Providing feedback

Attached links to documents