



Checklist of Organisational Systems to support effective GDCP

Organisation /
Team: _____

Audit Date: _____

Audit Completed
by: _____

Checklist of Organisational Systems to support effective GDCP	Yes	Partially	No
<i>Leadership</i>			
Our leadership team has a solid understanding of the principles of GDCP and actively support this as a strategy to support person centred care			
Our HACC program managers and team leaders champion good GDCP practice and actively support ongoing learning			
<i>Organisational Policies</i>			
Effective GDCP is reliant on maintaining a flexible approach that is responsive to the needs of the client. Staff should therefore be empowered to utilise their expertise and experience to decide on the best approach to build rapport, discuss goals and develop an appropriate care plan for each client. Organisational policies should therefore focus on the principles of goal oriented care planning (rather than describing a prescriptive process)			
The principles of GDCP are reflected in our organisation's:			
• Vision and mission statements			
• Human Resources policies and resources (including recruitment information, position descriptions, staff workplans, performance appraisal tools etc.)			
Our organisation's policies clearly articulate:			
• how GDCP (and a person centred approach more broadly) is applied in the context of our service			
• our commitment to actively engaging clients, carers and other relevant people (including other agencies) in goal setting and care planning processes			
• the ability for staff to use their professional judgement to determine if and when formal goal setting is appropriate for an individual client			
• the circumstances in which goal setting may be deemed inappropriate for a client (within the context of your agency) and the process to document this appropriately			
• that care plans are developed and shared with the client and (given consent) other people involved in the client's care (such as carers, family members, staff, volunteers and external service providers)			
• the circumstances under which developing a care plan is not deemed relevant and the process to document this appropriately (including the rationale)			
<i>NB: There are times when formal goal setting and care planning processes are not appropriate (e.g. when client has recently completed a holistic assessment and care plan with another service and/or the client is attending your service for a one-off intervention / education session).</i>			





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<ul style="list-style-type: none"> monitoring strategies that we consider appropriate for our client group (e.g. phone, face to face, formal and informal information collection) 			
<ul style="list-style-type: none"> strategies to ensure clients, carers, staff and volunteers involved in the delivery of a client's care can provide formal and informal feedback about the implementation of the care plan (and how this information is recorded, collated and used to inform client care) 			
<ul style="list-style-type: none"> the indicators for the review of a client's care plan or a formal re-assessment of a client's needs <p><i>NB: indicators should describe timeframes for periodic reviews as well as reviews initiated based on the changing needs or circumstances of the clients</i></p>			
<i>Service Coordination</i>			
<p>Our organisation maintains strong working relationships with our local partners (within and beyond the HACC sector) and has clearly articulated referral pathways and protocols to support shared clients</p> <p><i>NB: Please refer to the Victorian Service Coordination Practice Manual for further information about strategies to support the coordination of care</i></p>			
<i>Staff Orientation and Training</i>			
Opportunities for staff to develop and maintain skills relevant to effective GDCP are integrated into ongoing professional development plans, including:			
<ul style="list-style-type: none"> Staff orientation 			
<ul style="list-style-type: none"> Training calendars 			
<ul style="list-style-type: none"> Team meetings / peer support 			
<ul style="list-style-type: none"> Interagency networking and training opportunities 			
<ul style="list-style-type: none"> Openly acknowledging and rewarding good GDCP practice 			
<i>Service Information and Management Systems</i>			
<p>Our rostering and time management systems are flexible and enable staff to allocate time for client assessment, care planning and review according to the needs of the individual client (e.g.: staff have the flexibility to complete an assessment and/or develop a care plan over multiple appointments, time is dedicated to enable follow up and coordination of services)</p>			
<p>Our Marketing and promotional materials reflect a commitment to person centred, goal oriented service delivery.</p> <p><i>NB: The Active Service Model communication toolkit contains a range of tools and resources that can assist agencies in the development of communication materials for clients, carers, other service providers and the broader community.</i></p>			





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Our organisation maintains GDCP tools and templates that align with best practice guidelines and these are regularly reviewed to ensure they remain relevant and user-friendly for staff and clients <i>NB: Refer to Chapter 4 Care plan documentation, for further information</i>			
Our client record system enables staff to document, review and update care plans efficiently and effectively (consider paper based and electronic systems)			
<i>Ongoing Quality Improvement</i>			
Our organisation supports a cyclical approach to quality improvement, which provides systematic review, evaluation and refinement of service delivery			
Appropriate data collection and reporting mechanisms are in place to support the evaluation of GDCP <i>NB: Refer to Chapter 6: Evaluating your approach, for further information</i>			
Our organisation actively seeks feedback from clients and carers in relation to the planning, delivery and evaluation of our services			

Summary Information		
<i>Identified Areas for improvement</i>	<i>Priority</i> 1 = Urgent, 2 = Moderate 3 - Low	<i>Next Steps</i>

