



BlueHub Manual

Service delivery guide for clinicians

Version 5.0

November 2025

Disclaimer

This publication is intended for clinical and administrative staff involved in the BlueHub initiative and is available to the Victoria Police and Australian Federal Police (AFP) Wellbeing Services, as well as The Police Association Victoria (TPAV) and the Australian Federal Police Association (AFPA). This document is not intended for wider external circulation.

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Acknowledgements

This Manual is designed to support the delivery of specialised psychological assessment and treatment of trauma-related mental health to Victoria Police and Victorian-based AFP members via the BlueHub program.

We thank all clinicians involved in the BlueHub initiative and their support and treatment of police members.

Nursey, J., Pedder, D.J., Smith, V., Crozier, T., Lethbridge, R., Schwab, C., Putica, A., & Cowlshaw, S. (2023). *BlueHub manual: Service delivery guide for clinicians*. Phoenix Australia – Centre for Posttraumatic Mental health.

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Contact

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Abbreviations

AFP	Australian Federal Police
AFPA	Australian Federal Police Association
AHPRA	Australian Health Practitioner Regulation Agency
AUDIT	Alcohol Use Disorders Identification Test
CoP	Community of Practice
CORE-10	The CORE - 10 items
CORE-OM	The CORE - Outcome Measure
CPT	Cognitive Processing Therapy
DAR-5	Dimensions of Anger Reactions Scale - 5
DSM-5	Diagnostic Statistic Manual for Mental Disorders - Fifth edition
EAP	Employee Assistance Program
EMDR	Eye Movement and Desensitisation Reprocessing
FOI	Freedom of Information
GAD-7	Generalised Anxiety Disorder - 7 scale
IMC	Injury Management Consultant
IMO	Injury Management Office
IPU	Inpatient Psychiatric Unit
ISI	Insomnia Severity Index
K10+	Kessler 10 Plus
LMS	Learning Management System
MSE	Mental Status Examination
MHCP	Mental Health Care Plan (Medicare)
NSMHS	National Standards for Mental Health Services (2010)
PCL-5	PTSD Checklist for DSM-5
PE	Prolonged Exposure
PFA	Police Federation of Australia
PHQ-9	Patient Health Questionnaire
PTSD	Posttraumatic Stress Disorder
ROM	Routine Outcome Monitoring
TF-CBT	Trauma-Focussed Cognitive Behavioural Therapy
TPAV	The Police Association Victoria

Glossary

BlueHub Portal	Online learning management system for clinicians to access BlueHub information, training modules, and CoP.
Client	A Police member who participates in BlueHub for individual psychological assessment and treatment.
Clinician	A BlueHub allied health professional who provides assessment and treatment to members within BlueHub.
Clinical standards	Address the clinical and operational requirements of the BlueHub clinicians, which are aligned with best-practice evidence and are consistent with the contractual obligations with TPAV.
Comcare	WorkCover insurer for AFP members.
Community of Practice	Joining BlueHub clinicians to foster shared learning, enhance knowledge, extend skills, and support within the professional network. Involves monthly BlueHub-focused education and learning, case discussion and peer supervision.
Early Access Scheme	Provides AFP members with up to six (6) sessions of BlueHub assessment and treatment before a WorkCover decision is made.
Gallagher Bassett	WorkCover insurer for Victoria Police members.
Information privacy principles	The information privacy principles set out in the <i>Privacy and Data Protection Act 2014 (Vic)</i> .
Insurer	Gallagher Bassett or Comcare WorkCover Agents for Police members.
Intake Team	The intake clinicians at TPAV.
Halaxy	The client management software used for BlueHub clinical and admin needs.
Hub	A hospital/clinic providing assessment and treatment to BlueHub clients.
Member (Sworn)	A sworn police member of Victoria Police or the AFP who lives in Victoria.
NovoPsych	The data management software used for BlueHub outcome measures.
Outcome measures	Psychological scales used to inform clinical decision making and measure symptom changes over time.
Participant	A police member who participates in a BlueHub service (used in the research context).
Professional staff	An AFP employee who is not a sworn police member.
Provisional Payments	Provides Victoria Police members with 13 weeks of BlueHub assessment and treatment before a WorkCover decision is made.
Quality assurance	An approach to monitor, evaluate, and improve the quality of health care delivered by a health care provider or service.
WorkSafe	Victoria's workplace health and safety regulator and workplace injury insurer.

Welcome

Who this document applies to

This Manual is intended for both clinical and administrative staff at TPAV and all BlueHub clinicians, and available to the Victoria Police and Australian Federal Police (AFP) Wellbeing Services, and the Australian Federal Police Association (AFPA) Wellbeing Services.

Related policies, procedures, or documents

There are a range of BlueHub clinical and administrative forms, templates, and outcome measures that are administered at different stages of the member's care journey. Clinical and administrative documents are completed through Halaxy, the Client Management Software system. Outcome measures are completed through NovoPsych, the Data Management Software system. See **Appendix A** for a copy of these documents.

Appendix B provides a quick reference checklist for clinicians regarding responsibilities and documentation.

Appendix C sets out a flow chart showing a member's episode of care journey from referral, assessment, and treatment to discharge, and an infographic of steps for members.

Guide to this Manual

This Manual contains eight main sections:

1. **Introduction** – outlines the BlueHub objectives and an oversight of the key stakeholders and where clinicians can seek further advice.
2. **Clinical and administrative guidelines** – inform the systems and practices of BlueHub clinical and administrative staff.
3. **WorkCover and reporting requirements** – information on WorkCover funded schemes, documentation and reporting, and clinician fees schedule.
4. **BlueHub CMS** – information on data management and the use of Halaxy and NovoPsych systems.
5. **Outcome measurement and monitoring** – description of and process for collection of clinical outcome measures.
6. **Community of Practice (CoP)** – overview of the CoP, including online training.
7. **Clinical standards** – outlines the key clinical and operational components of a quality service.
8. **Quality assurance** – introduces the approach taken to monitor, evaluate, and ultimately improve the quality of the mental health services provided within the BlueHub.

Introduction

BlueHub is a project initiated by TPAV to provide specialised mental health assessment, treatment, and streamlined support services for current serving Victoria Police and Victorian-based AFP members. The program provides time-limited, evidence-based treatment for mental health issues that have developed in the context of operational stressors or trauma.

BlueHub objectives

The objectives of the BlueHub are to:

1. Address the delay in accessing mental health treatment between requesting assistance, obtaining a referral, and commencing treatment for mental health related illness and issues
2. Establish a specialised mental health referral, assessment and treatment program that provides evidence-based treatments for police members
3. Establish a quality assured service provider network incorporating training and research functions, and
4. Develop a mental health referral, assessment and treatment program model that can be used by other police and emergency service organisations and associations.

It is anticipated that the establishment and continuation of BlueHub will lead to increased access to mental health services for members, reduced delays and associated stress obtaining access to mental health services, increased confidence of members to seek treatment, and an increased mental health treatment success rate.

Point of contact

As queries arise, clinicians and administrative staff are welcome to contact the TPAV BlueHub team via [**bluehub-intake@tpav.org.au**](mailto:bluehub-intake@tpav.org.au) or **03 9468 2600**. These queries can include, but are not limited to:

- BlueHub processes, forms, letters and templates
- Halaxy and NovoPsych
- WorkCover – billing issues, claims, reports
- Clients - billing, claims, pensions, retirement, industrial relations, and legal/discipline support etc.
- Community of Practice (CoP), the training program, or access to the Learning Portal
- Adverse events

Additional contact details for Gallagher Bassett, Comcare, Victoria Police, and AFP Injury Management are included in this Manual.

BlueHub Clinicians

As part of onboarding into BlueHub, all clinicians are required to go through a credentialing process that includes providing their CV, AHPRA/AASW registration certificate, professional indemnity insurance certificate, and certificates from completed relevant training within the last five (5) years. The BlueHub clinical standards

require recent training in at least one evidence-based interventions (i.e., PE, CPT, EMDR, or TF-CBT) to begin seeing clients. A short online CPT course is available through the BlueHub Portal. Clinicians are advised to ensure they are registered as a WorkSafe and Medicare provider.

Clinical and Administrative Guidelines

Overview

The purpose of the clinical and administrative guidelines is to inform the systems and practices of BlueHub clinicians and administrative staff as follows:

1. Outline the clinical and administrative processes for clinical and administrative Hubs/clinicians in relation to referral pathways, intake, assessment, treatment and discharge.
2. Ensure that all clients receive a timely and appropriate response that meets their current needs and supports effective clinical outcomes.
3. Ensure that BlueHub providers maintain accountability to funding bodies (WorkSafe, WorkCover Agents, TPAV, AFPA, DJCS) for timely clinical and administrative processes (as these can significantly impact on aspects of a police member's quality of life and health trajectory, including their return to work, income, and supports while waiting for treatment).

These guidelines are separated into the following sections:

- Access and Entry
- Intake
- Allocation for Assessment
- Assessment and Treatment Planning
- Treatment
- Discharge
- Additional Considerations

Figure 1 provides a brief overview of the stages within the BlueHub episode of care for members. See **Appendix C** for a detailed flow chart outlining the steps involved at each stage.

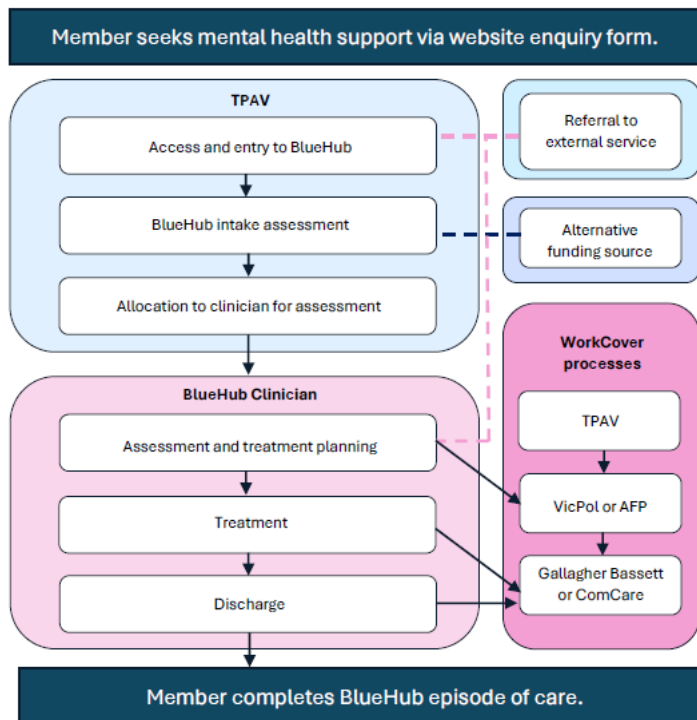


Figure 1. Overview of a member's episode of care within the BlueHub model.

Access and Entry

Website and Intake

The BlueHub service is publicly advertised on the website www.bluehub.org.au and managed by the TPAV BlueHub team. The website provides information about the objectives and content of the program, as well as information about the service, how to establish contact, including referrals, and relevant resources. Members can be referred by a treating provider, their employer, TPAV, AFPA, a support person, or they can self-refer.

The TPAV BlueHub team will provide an initial screening of suitability and have discussions with the member around WorkCover claims, broader wellbeing needs and other associated matters (e.g., legal/discipline advice, ESSS pension, etc.). This approach allows for greater oversight of referral suitability and an initial holistic approach to needs.

BlueHub does not provide an acute crisis response. In the event a member is experiencing a crisis, the TPAV BlueHub team will facilitate one or more of the following actions:

- onward referral to a local emergency department for psychiatric assessment
- linkage to the local area mental health crisis assessment and treatment team
- local police and emergency service response.

Eligibility criteria

Inclusion criteria

For an individual to be eligible for assessment and treatment services provided through BlueHub:

- They must work in Victoria
- They must be a current serving Victoria Police member, PSO, or a current serving, southern region AFP sworn or professional staff
- Their mental health problems have developed in the context of operational stressors or trauma. For a WorkCover claim to be accepted, the mental health injury must be work-related.

Exclusion criteria

An individual is not eligible for assessment and treatment services provided through BlueHub when:

- They present with mild situational distress which may be more appropriately dealt with through the EAP or their respective Police Wellbeing Services
- They present in crisis and require urgent assessment and/or management at a hospital Emergency Department for issues such as acute violence or substance intoxication or require acute hospital admission for issues such as acute psychosis
- They are VPS employees at Victoria Police (i.e., unsworn); however, AFP unsworn employees are eligible.

Treatment funding sources

Treatment through BlueHub can be funded by one, or more, of the following:

- Victoria Police members who submit a WorkCover claim have access to Provisional Payments, which provides up to 13 weeks of treatment for a mental injury even if the claim is not accepted.
- AFP members have access to the Early Access Scheme to cover the first six (6) sessions.
- An accepted WorkCover claim (Gallagher Bassett for Victoria Police members, or Comcare for AFP members). WorkCover codes and fees for Victoria Police members have been negotiated for the BlueHub service.
- A Mental Health Care Plan (MHCP) – It is requested that clinician fees are charged at the same rate as the BlueHub WorkCover fee rates, requiring members to pay the gap fee after the Medicare rebate. Sessions will be capped at ten (10) per calendar year as per the Medicare Better Access Scheme.
- Members can opt to pay out-of-pocket or utilise their private healthcare - fees will be the same as the BlueHub WorkCover fee rates, and members will need to pay any applicable gap fee to their treating clinician.

The TPAV BlueHub team will support Victoria Police members with the compensable claim process at the time of referral and ensure that their WorkCover funding is in order. The AFP Wellbeing Team will assist with the insurer claims process and Early Access Scheme payments for AFP members. It is the responsibility of BlueHub clinicians to manage their own billing.

Intake (TPAV)

A TPAV clinician will conduct an intake assessment to facilitate future allocation to a BlueHub clinician who will then provide comprehensive clinical assessment and treatment planning. The intake will be completed via phone with the client (or their carer). The intake assessment is completed prior to allocation to a BlueHub clinician and covers presenting symptoms, clinical and work history, previous interventions, and risk assessment.

The purpose of the intake assessment is to determine an individual's eligibility and suitability to access assessment and evidence-based treatment provided by a BlueHub clinician. All intake assessments will be logged, documented, and securely stored on Halaxy, and made available to the assigned BlueHub clinician upon allocation.

When there are issues around management of risk or questions arising from the initial intake, the TPAV BlueHub clinician will consult with a Consultant Psychiatrist (or nominated delegate) or other support/s.

Outcomes following intake

Outcomes of referral to BlueHub can include:

- Allocation for assessment with a BlueHub clinician
- Recommended referral to an EAP
- Recommended referral to a local hospital Emergency Department or acute service
- Facilitate linkages to intake at an appropriate inpatient psychiatric unit (IPU)
- Recommended referral to a local community-based service
- Providing information regarding potential suitable alternative services due to BlueHub ineligibility
- No further action due to incompatible referral.

Once a member has been deemed eligible for assessment, the TPAV BlueHub team will maintain contact with the member to advise of their waitlist status but not take overall responsibility of care by providing case management or treatment.

Referrals are allocated to BlueHub clinicians according to suitability, availability, client preferences, delivery mode and matching to geographic location. The outcome of the risk assessment conducted at intake will also be factored into the allocation decision.

Where a member is deemed to be ineligible for BlueHub services, the TPAV BlueHub team will provide information regarding alternative clinicians or services.

Duty of care at intake

On completion of the intake assessment, members will remain under the clinical care and management of their existing external treating team (e.g., GP, psychologist, psychiatrist). BlueHub does not carry overall clinical responsibility for the member's mental health care or treatment while they are waitlisted, however, will periodically contact the member to let them know they're still on the waitlist. If the TPAV BlueHub team have

concerns that the member's condition has escalated whilst on the waitlist, they will refer on or advise the member's medical provider.

Allocation for Assessment

When a referral is deemed eligible at intake, the TPAV BlueHub team will coordinate allocation to a BlueHub clinician for assessment and treatment. This will include:

- sharing the Halaxy client file with the allocated BlueHub clinician, and advising the clinician to contact the member to schedule their assessment appointment with the member
- sending the member a *Pre-assessment Information Letter*, which includes the name of their allocated clinician
- sending the member informed consent forms to sign for the collection and use of information for clinical and service evaluation purposes
- sending the member baseline client outcome measure questionnaires to complete and return to the assessing clinician prior to initial assessment (via NovoPsych).

Allocation logistics

The allocated BlueHub clinician will contact the member directly to schedule their first assessment appointment and provide details about the telehealth or on-site location. BlueHub clinicians are required to record this appointment date in Halaxy.

If the TPAV BlueHub team are aware that a BlueHub clinician is treating either the victim or perpetrator in a Taskforce Salus¹ case, or another dispute such as bullying or harassment, workplace conflict, a legal or disciplinary matter, or a relationship breakdown, where possible they will not be allocated to that clinician another member who is involved in the dispute.

Timeframes

The TPAV BlueHub team will work to ensure that, wherever practicable, the intake assessment will occur within five business days of enquiry. It is the responsibility of the TPAV BlueHub team to liaise with the BlueHub clinicians to coordinate availability and clinician capacity. In some circumstances, where members request a particular clinician or location, the member may need to be placed on the waiting list.

Waitlist

If there is a surge in referrals, members will be placed on a waitlist until a BlueHub clinician has availability. If the waiting period is greater than 14 days, the member may be considered for referral to the police Wellbeing Services unit, or their GP for access to a private psychologist or psychiatrist (if their waitlist timeframe is shorter). The members clinical presentation and risk will be considered for priority on the waitlist, or re-referral to an external service, as appropriate.

¹ Taskforce Salus investigates complaints of sexual assault, harassment, and predatory behaviour within Victoria Police.

Assessment and treatment planning

Assessment

Clinicians will need to conduct a comprehensive clinical assessment and develop a treatment plan with the member before they commence treatment. The purpose of assessment is to better understand the member's presenting problem(s) and current treatment needs. Assessments will be conducted over a 90-minute clinical interview or over several sessions, depending on the complexity of the member's presentation.

During assessment and treatment planning, complete:

- Assessment and Case Formulation
- Assessment Summary and Treatment Plan
- Authority to Release and Collect Information
- Clinical Risk Assessment and Management Plan

Documentation

During the assessment and treatment planning appointment the following paperwork should be completed:

- *Assessment Summary and Treatment Plan*
- *Clinical Risk Assessment and Management Plan*
- *Authority to Release and Collect Information*
- Self-reported client outcome measures (via NovoPsych)
- Invoicing of session in accordance with billing procedures.

All forms and template letters should be completed within Halaxy; however, they are available to download from the BlueHub Portal if required. WorkCover requirements for reporting must be followed – please see the WorkCover section of this Manual for more information.

Consent: The informed consent form will include information about privacy and secure storage of the members health and personal information. This form will also include information describing the service to be provided, any potential risks and benefits of the service, how the member's personal information will be managed, and limits to confidentiality. It is important that the clinician go through this form with the member to answer any questions they may have, explain what is necessary under legislative and ethical requirements and to address and/or provide reassurance around any issues.

Authority to release and collect information: A form giving authority to release and collect information must be signed by the member, particularly if the TPAV BlueHub team or BlueHub clinician seeks information from a third party (such as the member's family member, treating GP, psychiatrist, or employer). The form includes a list of commonly engaged third parties (e.g., Victoria Police or AFP Wellbeing Services). WorkCover Agents (e.g., WorkSafe, Gallagher Bassett, Comcare) or employer IMCs are not required to be listed on this form, as they are legally obliged to seek information from and provide information to the clinician and client.

Cancellations: Members are asked to give at least 24 hours' notice to their clinician of cancellation of an appointment. We recommend that any cancellation fees are charged directly to the member as they will not be eligible for rebates or covered by their insurer. Cancellation fees will be waived in case of illness or exceptional circumstances. However, please refer to your clinics own cancellation policy.

When a client discontinues treatment after attending an appointment but not completing assessment phase: The treating clinician completes the *Assessment Summary and Treatment Plan* with the information that is known about the client, commenting on the limited length of assessment impacting the level of detail

provided. The clinician should note in the letter that the client has discontinued treatment. The clinician should provide this letter to all relevant stakeholders for the funding stream (e.g., Gallagher Bassett, Comcare, GP) and make the TPAV BlueHub team aware that the client has discontinued treatment prior to completing the assessment.

Clinical considerations

A thorough clinical assessment should include the following elements:

- History of the presenting problem and any current and previous treatment.
- A comprehensive bio-psychosocial history, covering psychiatric history (including history of trauma exposure, posttraumatic stress disorder (PTSD) and related diagnoses, general psychiatric status (noting extent of any comorbidity)); medical and physical health history; substance use and addictive behaviours; personal, developmental and family history including family of origin, current marital and family situation, social, educational and occupational history, current functional capacity, and quality of life.
- Assessment of strengths and resilience, as well as responses to previous treatment.
- If there is a history of trauma exposure, the time since trauma should be considered as part of the assessment. While most people will display distress in the initial weeks after exposure to a potentially traumatic event, most of these reactions will remit within the following three months.
- A mental status examination (MSE).
- A risk assessment and safety management plan.
- A case formulation.

History: As part of assessing the history and current circumstances, current and past psychosocial functioning, the presence and course of PTSD symptoms where indicated, and any comorbid problems (including substance use) should be considered. Attention should also be paid to physical health issues. This may include issues related to injury arising from a traumatic incident if applicable, health behaviour change following a potentially traumatic event, previous concussion or head injury, concurrent or developing physical health problems and any medical treatment being undertaken for any physical health issues. A comprehensive developmental history should be obtained including physical and mental health problems during childhood and adolescence, exposure to traumatic events during childhood and adolescence, history of cognitive or learning problems and any family of origin issues including history of mental illness.

Broader quality of life indicators such as satisfaction with physical, social, environmental, and health status, marital and family situation, and occupational status should also be assessed. Accurate assessment of the member's support network is particularly important, since good social support is strongly associated with recovery.

Trauma history: In PTSD and related conditions, assessment should include a lifetime trauma history covering prior traumatic experiences as well as the 'index' traumatic event if the presentation for treatment is in the context of a particular traumatic event. It is not necessary to obtain details of these experiences in the initial assessment sessions; it is sufficient to get a brief idea of the traumatic events to which the member has been exposed to establish if Criteria A for diagnosis of PTSD has been met. A focus on obtaining more in-depth detail about a member's exposure to a traumatic event(s) at the early assessment stage may not only be distressing for the person but may actually be counter therapeutic. Subsequent treatment for the PTSD may involve detailed descriptions of the traumatic events.

Third party (collateral) information: Where possible, and with the member's consent, information from other sources should be incorporated into the assessment process. This may include, for example, discussions with informants such as a partner, family member, or colleague. It may include information from other health providers involved in the member's care, particularly those who have known the member over several years.

Risk: Risk of non-suicidal deliberate self-harm, suicide, and harm to others should be considered; PTSD and depression will be common diagnoses for this population and are risk factors for suicidal ideation. Those with ideation should be more closely monitored. The *BlueHub clinical risk assessment and management plan* will provide guidance in this respect and assist in categorising the member's level of risk as low, medium, or high (note the separate section below addressing the process to follow when an adverse event occurs).

Diagnosis: Under the BlueHub model, a diagnostic assessment will be completed via:

- a semi-structured clinical interview to better understand the presenting problems and treatment needs
- self-report client screening measures (administered via NovoPsych)
- the report of significant others in the member's life, including other current or recent treating medical and allied health providers (where possible).

Following completion of the assessment, the clinician will develop a case formulation to assist accurate diagnostic formulation and treatment planning.

PTSD (and Acute Stress Disorder) are not the only mental health consequence of exposure to traumatic events. Other common diagnoses and issues for consideration include problematic anger, guilt and shame, moral injury, depression, other anxiety disorders such as panic disorder, generalised anxiety disorder and specific phobias, substance use disorders, and adjustment disorders.

Treatment planning

In formulating a treatment plan, consideration should be given to factors likely to influence outcome, such as prior mental health problems, especially depression, prior treatment experience, and pre-trauma coping strategies. Attention should be paid in the assessment to the member's strengths and coping strategies. Treatment plans should aim to build upon these strengths. The assessing clinician should discuss their treatment planning recommendations with the member and if appropriate, their carer or support person.

The treatment plan includes recommended actions including the need for follow-up assessment and evidence-based treatment, an outline of treatment goals, type, frequency and delivery method of planned treatment and any other recommendations identified as being necessary to the member's wellbeing. The plan should document that the member has been consulted about the treatment plan.

With the member's consent, the assessing clinician may also discuss assessment and treatment recommendations with other medical or allied health practitioners if clinically indicated. This may include onward referral to acute clinical services, the member's treating GP, or other treating team.

For clients on WorkCover, the *Assessment Summary and Treatment Plan* must be completed. For those accessing BlueHub using a MHCP or private health insurance, a treatment plan equivalent can be used. The forms can be completed in Halaxy to enable automatic completion of letters and assist with quality assurance monitoring and reporting.

Post assessment procedure

Reporting documentation

Following assessment, the *Assessment Summary and Treatment Plan* is required to be completed by the clinician and include information about presenting difficulties, medical and psychiatric history, personal, developmental and family history, MSE, risk assessment, case formulation, diagnoses, psychometric scores, and treatment recommendations.

Within 10 business days of the completed assessment, the *Assessment Summary and Treatment Plan* must be provided to the WorkCover Agent (Gallagher Bassett or Comcare) and to the respective police agency IMO where applicable. A copy should be provided to the member and their GP, if the member has provided written consent for this to occur. Typically this letter would also inform the GP to complete the *Certificate of Capacity*, which informs work capacity and supports the WorkCover claim.

The Assessment Summary and Treatment Plan is provided to:

- WorkCover Agent (Gallagher Bassett or Comcare)
- Employer's IMO (Victoria Police or AFP)
- GP

If a member's treatment is not funded through WorkCover then correspondence letters are not required with the employer's IMO or WorkCover Agents. Clinicians will still need to send the required BlueHub letters to the member's GP, which includes the *Assessment Summary and Treatment Plan*.

If the clinician is unable to commence treatment within 10 business days or considers that based on the member's assessment, they are unable to meet their needs, they must contact the TPAV BlueHub team who will arrange for the member to be re-allocated to another clinician for treatment or for an alternative referral.

Duty of care at assessment

If it is agreed by the member and their assessing clinician that commencing treatment is an appropriate option, continuity of care will be ensured where practicable, by allocating the assessing psychologist as the member's treating clinician. The assessing clinician is responsible for completing assessment and treatment planning.

The assessing clinician commences clinical responsibility for the member's clinical care at the point of allocation. If the member is not assessed as suitable for BlueHub treatment, the referring and/or existing external treating team maintains duty of care until onward referral to relevant clinical services have been made and documented where indicated. TPAV does not have clinical oversight for the member's mental health care while they are involved in BlueHub assessment or treatment. BlueHub clinicians should contact the members GP or refer to a private psychiatrist or inpatient service if required.

Client re-allocations

If the member or the assigned clinician request that the member be re-allocated to a new BlueHub clinician at any point after allocation, then the original clinician is asked to advise the TPAV BlueHub team and to update the insurer or funding body. The original clinician is required to complete relevant paperwork and record the transition plan within Halaxy. The TPAV BlueHub team will transfer the Halaxy case file to the new clinician. The newly allocated clinician may elect to complete their own full assessment and associated clinical documentation. They will need to send a new treatment plan to the insurer or funding body.

Treatment

Evidence-based treatment

BlueHub clinicians will provide evidence-based treatment and delivered within an appropriate time frame. For treatment of PTSD, current evidence-based treatments are recommended in and described by the *2020 Australian Guidelines for the Prevention and Treatment of Acute Stress Disorder, PTSD, and Complex Trauma* (www.phoenixaustralia.org/australian-guidelines-for-ptsd/).

Recommended PTSD treatments include:

- Prolonged Exposure (PE)
- Cognitive Processing Therapy (CPT)
- Eye Movement and Desensitisation Reprocessing (EMDR)
- Trauma-focussed Cognitive Behavioural Therapy (TF-CBT)
- Trauma-focussed Cognitive Therapy

It is recommended that current national or international treatment guidelines are followed for treatment of other primary mental health diagnoses such as depression, anxiety, problematic anger, addiction, sleep difficulty, disordered eating. At the commencement of treatment, information on the range of available evidence-based therapies for the member's diagnoses should be discussed with the member so that they can make an informed choice about their preferred approach. This process will have already commenced during the assessment and treatment planning phase and is particularly important if the assessing and treating clinician are not the same person.

Treatment sessions

As a general guide, depending on the primary diagnosis and comorbidities, individual sessions will include up to six (6) sessions of engagement and preparatory work, 8-12 sessions of evidence-based treatment and up to four (4) sessions of relapse prevention and discharge planning. However, an episode of care may be shorter or longer than this, depending on the client's needs. The treating clinician will determine the modality of treatment and number of treatment sessions required for each client.

Record each scheduled treatment session in Halaxy.

Case notes can be recorded in Halaxy or your own system.

Individual therapy sessions should typically be held on a weekly basis initially, then less frequently as treatment progresses. Sessions would typically be 50-60 minutes in duration, except for PE, CPT, and EMDR where allowance has been made in the WorkSafe fee structure for clinicians to deliver these treatments in 90-minute sessions, in keeping with best practice recommendations. Case notes can be recorded in Halaxy or your own systems if preferable, however, all clinical forms and documentation need to be included in Halaxy.

Case notes should include:

- Date of the service provision
- Name, role and designation of the treating clinician
- A summary of content
- MSE if there is a significant change to usual presentation
- Any changes to clinical risk or medication management
- Follow-up plan
- Date of the next scheduled session

If there are notable changes to the member's clinical risk presentation, treating clinicians are required to complete a new risk assessment and management plan, and upload it to Halaxy.

Self-report measures

All BlueHub self-report measures are automatically administered through NovoPsych. The TPAV BlueHub team will take responsibility for organising members to be set up into NovoPsych at point of allocation for assessment and treatment and invite clinicians to view and access the member's NovoPsych record. Members will complete their first battery of measures at intake/allocation, then every 3-months during treatment, and on discharge.

- Clients will automatically receive a NovoPsych email notification to complete a battery of measures every 3-months. When clients are preparing to discharge from BlueHub, clinicians are advised to notify the TPAV BlueHub team, who will trigger the 'discharge' measures to be sent to the client via NovoPsych.

Further information about managing data collection at specified time points, are set out in the '*Client and data management systems*' and '*Outcome measurement and monitoring*' sections of this Manual.

Multidisciplinary approach

It is important that clinicians take a multidisciplinary approach to the treatment and care of a member. This may involve liaising with the GP and other treating providers at various time points throughout the episode of care, such as regular case review meetings. A multidisciplinary team approach provides continuity of care and enables a comprehensive and holistic view of the member's needs. Aside from being likely to lead to better treatment outcomes for the member, this approach will also assist the clinician by expanding their clinical knowledge and skills, assisting with case formulation and treatment planning, and enhancing their confidence in their ability to support and effectively treat members.

A multidisciplinary team approach is typical for clinicians working in the same healthcare organisation. The approach is also possible for individual clinicians by maintaining connections and networks with several professionals from a range of disciplines. In addition, it is recommended that BlueHub clinicians are familiar with the support services offered to members by TPAV, AFPA, and other police support services (see **Appendix D**). When treatment is funded through an insurer it is recommended that the clinician maintain regular contact with the member's case manager. A progress report can be provided to the insurer on a 3-monthly basis providing an indication of progress towards treatment goals, summary of change on primary outcome measures and an estimate of how many sessions required before discharge. Insurers are also able to provide access to other adjunctive treatments, allied health providers and support programs.

Discharge

Discharge plan

The treating clinician will discuss with the member a discharge plan and timeframe. This will include providing information to the member about ongoing external support options to help them make an informed decision about discharge arrangements.

When client ceases treatment, please complete:

- *Discharge Plan*
- *Clinical Risk Assessment and Management Plan*

Where possible, the treating clinician will review with the member the outcomes of treatment to date. If the member chooses to leave the service prior to the completion of their treatment, the member is encouraged to have a final face-to-face session with the clinician (or telehealth in the event this is not practicable) to discuss discharge planning, assess clinical risk, and complete outcome measures.

If the treating clinician needs to cease care, the clinician, will ensure that:

- alternative care plans are put into place in a timely manner for the member
- alternative care plans are communicated to the member, the insurer (if care is under a claim) and their external treating team as soon as possible
- documentation of ongoing care arrangements is shared.

Clinicians are asked to complete the *Discharge Plan* and the *Clinical Risk Assessment and Management Plan* in Halaxy. In the event of unforeseen circumstances that prevent the treating clinician from being able to work, the TPAV BlueHub team can be contacted to facilitate the above process.

Discharge reporting requirements

BlueHub clinicians are required to email the completed *Discharge Plan* to the WorkCover Agent and the employer's IMO. The treating clinician must also provide the member with a copy of their *Discharge Plan* and, with the member's consent, a copy to their GP and other relevant external treating providers.

The treating clinician is responsible for documenting the discharge process in the member's clinical record, including a future management plan that highlights vulnerabilities, indicators of relapse, and suggestions for future management. This includes recording in Halaxy that a client has withdrawn from treatment or discharged from BlueHub services and notifying the TPAV BlueHub team.

Table 1 provides reporting guidelines for different situations, for example, when a member withdraws from BlueHub prior to commencing or completing treatment.

Table 1: Reporting guide when member withdraws or discontinues treatment

Situation	Reporting guidelines
A member is allocated to a BlueHub clinician but doesn't attend the clinical assessment and decides to discontinue with BlueHub.	Clinician to notify the TPAV BlueHub team and update the Halaxy record. No letters are required to be sent out.
A member attends clinical assessment and either partially or fully completes the assessment but decides to discontinue in BlueHub before commencing treatment (or deemed appropriate for another service).	<p>Clinician to notify the TPAV BlueHub team and update the Halaxy record with outcome.</p> <p>Clinician to complete and send <i>Assessment Summary and Treatment Plan</i> to the WorkCover Agent, and employer's IMO, noting member's intention to discontinue or not suitable for BlueHub. GP and referrer to be informed.</p>
A member commences treatment with BlueHub clinician but discontinues mid-treatment.	<p>Clinician completes <i>Discharge Plan</i> in Halaxy and sends to WorkCover Agent and employer's IMO, as well as the members GP and/or external provider.</p> <p>Clinician also notifies the TPAV BlueHub team and updates records in Halaxy.</p>

Client and data management software requirements

Please ensure that when a member completes treatment or discontinues with BlueHub, that the Halaxy record is updated to reflect what happened and that all required documentation is completed and uploaded to Halaxy.

Please do not de-activate the client's record in Halaxy or NovoPsych, and instead, notify the TPAV BlueHub team who will take responsibility for this. The TPAV BlueHub team will ensure final clinical and reporting documentation is completed, as well as any follow-up outcome measures.

Additional considerations

Adverse events

BlueHub is committed to preventing the occurrence of adverse events wherever possible. Two (2) types of events are required to be notified to the TPAV BlueHub team – a major impact and a non-major impact event. These are defined using the Department of Health and Human Services Client incident management guide, <https://providers.dhhs.vic.gov.au/cims>.

Major impact adverse events

- the unanticipated death of a client
- severe physical, emotional or psychological injury or suffering which is likely to cause ongoing trauma
- a pattern of events related to a client which, when taken together, meet the level of harm to a client. This may be the case even if each individual event is a non-major impact event.

Non-major impact adverse events

- events that cause physical, emotional or psychological injury or suffering, without resulting in a major impact
- events to the client that do not require significant changes to care requirements, other than short-term interventions (e.g., first aid, observation, talking interventions or short-term medical treatment)
- events that involve a client but result in minimal harm
- events that do not otherwise meet the criteria for 'major impact'.

Notification instructions

All client major impact adverse events that occur within BlueHub must be reported to the TPAV BlueHub team within 48 hours by using the *Adverse Event Notification Form*. This form sets out the process which should be followed for any major impact adverse events. The *Adverse Events Notification Form* can be completed directly in Halaxy using the template.

Adverse event documentation:

- **Minor events** – include in monthly adverse registries
- **Major events** – submit notification form within 48 hours

Feedback about services received

Individuals and organisations may wish to provide feedback on their experience with BlueHub in relation to processes, decisions, and/or quality of services provided (clinical, advice, training, and resources). Clinicians should follow their own internal protocols for such matters and advise the TPAV BlueHub team via bluehub-intake@tpav.org.au.

Requests for personal information

Requests for information can be received under the *Victorian Freedom of Information Act 1982* (The “Act”) and amendments outlined in the *Freedom of Information Amendment (Office of the Victorian Information Commissioner) Act 2017* (The “OVIC Act 2017”). It is anticipated that any Freedom of Information (FOI) requests will be from members or their representatives seeking access to their health records. This may include requests for health records, past and current treatment, information from research trials and/or activities, or for other documents, such as policies or procedures. BlueHub clinicians are advised to follow their own internal policies and procedures for such matters.

WorkCover and reporting requirements

This section covers:

1. WorkCover funded schemes
2. Requested WorkCover documentation and reporting requirements
3. Clinician fees and invoicing processes for payment
4. WorkCover FAQ with Gallagher Bassett and Comcare

Clinicians are reminded to ensure they are registered as a WorkSafe and Medicare provider. If not already registered, clinicians can complete the *WorkSafe Application for Registration to Provide Services to Workers* form available at www.worksafe.vic.gov.au/psychology-register-provider.

If a members BlueHub treatment is funded through Medicare, then correspondence letters are not required with the employer’s IMO or WorkCover Agents. Clinicians will still need to send the required BlueHub letters to the member’s GP and/or other external providers.

Initial WorkCover funded schemes

The TPAV BlueHub team and the AFP will determine and arrange funding for the member before they are allocated to a clinician for assessment and treatment planning. The intake assessment form includes a section that includes the funding source, commencement date, claim number, case manager details, and status. This information will be updated in Halaxy and available to clinicians prior to allocation.

Table 2 provides information on two WorkCover funded schemes that are available to Victoria Police and AFP members prior to their WorkCover claim being accepted. Please see the FAQ on subsequent pages for further information about the available schemes and WorkCover options.

Table 2: Initial WorkCover funded schemes available prior to an accepted claim

For Victoria Police members	For AFP members
Provisional Payment (PP) All members have access to Provisional Payments, which provides members up to 13 weeks of BlueHub treatment (government funded) even if the claim is rejected. Liability will be determined within 28 days, with Gallagher Bassett making the WorkCover decision.	Early Access Scheme (EAS) Members are covered, which generally covers funding of six (6) assessment and treatment sessions, until a decision is made on acceptance of the claim by Comcare. The Scheme is funded by the AFP as no medical costs are covered under the Comcare legislation pre-claim, however,

This scheme is inclusive of the assessment and treatment planning sessions.

TPAV typically assist with claims submission and facilitating provisional acceptance of their claim.

pre-claim medical costs (including allied health) are covered in the event a claim is accepted.

The AFP IMO will fund BlueHub costs (for confirmed work-related injuries/illnesses) during the pre-claim period (noting inpatient psychiatric hospital admission would require approval).

WorkCover documentation and reporting

Clinicians are required to complete specific documentation and reporting requirements. Forms and letter templates can be completed within Halaxy. Communication to the WorkSafe Agent requires the following:

- the diagnosis and history of the injury and/or condition
- whether there has been an aggravation of a pre-existing condition
- the relationship of the psychological injury to their employment
- whether the psychological condition is materially contributed to by the injury
- addressing what treatment and/or services are considered appropriate in relation to the work-related injury, including the duration and frequency of treatment or service as necessary
- any other relevant information or comments.

WorkCover reporting includes:

- *Psychology Treatment Planning form*
- *Progress Reports*
- *Case conference*
- *Discharge Plan*

Specific information on these requirements for Victoria Police and AFP members is detailed in the following tables.

Assessment and treatment planning

Clinicians are required to use the *Assessment Summary and Treatment Plan* and send to the member's WorkCover Agent and the employer's IMO. The form is intended to assist with informing the potential for a return to work by providing guidance around a member's capacity, as well as approval of the claim and associated funding. Table 3 provides the relevant contact details and reporting processes.

Table 3: WorkCover reporting processes following assessment

For Victoria Police members	For AFP members
<p>Send the <i>Assessment Summary and Treatment Plan</i> within 10 business days following the completed clinical assessment, to</p> <ul style="list-style-type: none"> • Gallagher Bassett at bluehub@gbtpa.com.au • Victoria Police IMO at IMC-operations-mgr@police.vic.gov.au <p>Clinicians are requested to send any BlueHub reports or correspondence to bluehub@gbtpa.com.au as the central point of contact. This includes any WorkCover</p>	<p>Send the <i>Assessment Summary and Treatment Plan</i> within 10 business days following the completed clinical assessment, to:</p> <ul style="list-style-type: none"> • IMO at SHIELD-injurymanagement@afp.gov.au and cc' Psych-southcommand@afp.gov.au (for EAS and Comcare) • Comcare at general.enquiries@comcare.gov.au (for clients with an accepted Comcare claim) <p>Comcare take approx. 40-60 days to decide on a psychological injury claim. If the claim is accepted, Comcare</p>

issues, barriers, complaints, escalation, or if needing to contact case manager.

takes full responsibility for the payment of the members' medical treatment for the accepted injury.

Progress reporting

Treatment Reviews may be requested by the WorkSafe Agent on a six-monthly basis. Report templates are available in Halaxy for use. For good practice, it is recommended the GP or external treating team is updated at the same time. Gallagher Bassett has advised they will request a *Treatment Review* and updated *Treatment Plan* for Victoria Police WorkCover clients once six-months have passed since the beginning of treatment. Progress reports should be sent to bluehub@gbtpa.com.au.

Case conference

When appropriate, clinicians may be invited to participate in a case conference with the WorkCover Agent and employer within 91-days after the conclusion of the assessment and treatment planning process. Specifically, Gallagher Bassett will contact clinicians to organise a case conference after three (3) months have passed since treatment commenced.

Case conferences are designed to assist members with support for return-to-work goals and ensuring duties are appropriate and consistent with treatment and medical advice. Clinicians are not expected to organise these case conference but are welcome to request one if deemed helpful. Clients are welcome to attend, but this is not compulsory. Clinicians can invoice the insurer for these meetings, using the fee schedule.

For Victoria Police clients, the *WorkCover RTW Guide and Case Conference Terms of Reference* are available in the [BlueHub Portal](#).

For AFP clients, Comcare, AFP IMC, or third-party RTW/rehab consultants can approach clinicians directly to organise a case conference. Ideally, the client should be aware that this is going to happen before the clinician is approached. To avoid overlapping requests, it can be helpful to liaise with the other parties when these requests come. It is a good idea to advise SHIELD-injurymanagement@afp.gov.au when receiving a request from an external rehab provider, so that they can tailor their requests around this, or assist in providing the information that is being sought.

Discharge Plan

Treating clinicians are asked to send a *Discharge Plan* to the referrer, IMO, and the WorkSafe Agent, as shown in Table 4. The plan should also be sent to the GP, or other members of the treating team if indicated.

Table 4: WorkCover reporting processes following discharge

For Victoria Police members	For AFP members
Send the <i>Discharge Plan</i> to:	Send the <i>Discharge Plan</i> to:
<ul style="list-style-type: none"> • Referrer • Victoria Police IMO at IMC-operations-mgr@police.vic.gov.au • Gallagher Bassett WorkCover case manager at bluehub@gbtpa.com.au • GP 	<ul style="list-style-type: none"> • Referrer • AFP IMO at SHIELD-injurymanagement@afp.gov.au • Comcare case manager at general.enquiries@comcare.gov.au (for Comcare clients only) • GP

Clinician fees and payment

The codes and fees have been negotiated for the BlueHub service and are consistent across all funding options. The BlueHub Portal includes the latest fee schedule and codes for each profession. As the schedule is a commercial-in-confidence document please take care not to circulate it.

Table 5 provides the relevant contact details and steps for processing payments. Each clinic may have their own processes established for invoicing Gallagher Bassett or Comcare. Please note that before invoices can be paid, the *Assessment Summary and Treatment Plan* is required to be submitted the Employer/WorkCover Agent. If escalation is needed, please contact the TPAV BlueHub team.

Table 5: Contact details for processing WorkCover BlueHub invoices

For Victoria Police members	For AFP members
With WorkCover clients (including provisional payments) invoices are sent to the Gallagher Bassett Payments Team GB.PaymentsTeam@gbtpa.com.au for payment.	When the member is funded by Early Access Scheme, pre-claim acceptance invoices are sent to SHIELD-injurymanagement@afp.gov.au . With Comcare accepted claims, invoices are sent to general.enquiries@comcare.gov.au for payment.
WorkCover payments to clinicians should occur within a few weeks. However, if a payment is delayed, please inform GB.PaymentsTeam@gbtpa.com.au , and please copy in bluehub@gbtpa.com.au .	WorkCover payments to clinicians should occur within a few weeks. However, if a payment is delayed, please inform SHIELD-injurymanagement@afp.gov.au

WorkCover FAQs

Provisional Payments/Gallagher Bassett FAQ

- What do I do if my invoices have not been paid?** Gallagher Bassett are required to pay invoices within 90 days. Emails can be sent to GB.PaymentsTeam@gbtpa.com.au and Cc bluehub@gbtpa.com.au. or call 03 9297 9231.
- What can I do if a client is having difficulties with their claim not being processed?** Members can contact TPAV for support, who will follow up with Gallagher Bassett or WorkSafe on their behalf.
- What happens if the claim is not accepted during the 13-week provisional acceptance period?**
 - Typically, if the claim is not accepted, it will be disputed and TPAV will support the member in this process.
 - If an interim form of payment is required, a MHCP may be an option. Clients will be required to pay the gap fee, aligned with WorkCover rates.
 - If the WorkCover claim is later accepted, these expenses will be reimbursed by Gallagher Bassett.
- What other funding options do members have without an approved WorkCover claim?** Members have the option of engaging in treatment with the use of MHCP, however they will be required to pay the gap fee following the Medicare reimbursed amount. Members can also elect to pay for treatment themselves or through Private Health Insurance.

Early Access/Comcare FAQ

1. **If a claim is not accepted by Comcare and the member is in the middle of psychological treatment, what would normally happen?** Generally Early Access will be sufficient to cover treatment up until the date of decision. Any decision to continue Early Access funding past claim denial would need to be made by the Team Leader of AFP Injury Management (SHIELD-injurymanagement@afp.gov.au). To facilitate this process, the clinician will be required to provide a progress report and updated Treatment Plan (with appropriate justification to extend treatment). Where approval is not given, members may be able to utilise a MHCP.
2. **If a claim is contested and a review is requested, will the member be covered by Early Access until the review process is complete?** The Comcare claim decision review process works in three stages:
 1. Internal review (called Reconsiderations)
 2. Administrative Appeals Tribunal
 3. Federal Court

The decision to continue funding during the review process remains the same as the situation outlined above. We encourage all members to reach out to their allocated Rehabilitation Case Manager to assist in any transition.
3. **Who are the key AFP and Comcare contacts?**
 - o BlueHub referrals and/or medical reports: SHIELD-injurymanagement@afp.gov.au and Psych-southcommand@afp.gov.au.
 - o Case correspondence: SHIELD-injurymanagement@afp.gov.au and general.enquiries@comcare.gov.au.
 - o Injury Management – SHIELD-injurymanagement@afp.gov.au or (02) 5126 9310.
 - o Comcare for BlueHub clinicians – Panel.Clinical@comcare.gov.au.

MHCP

For member's receiving treatment under a MHCP, it is recommended that fees are charged at the same rate as the BlueHub WorkCover fee rates, requiring members to pay the remaining gap fee after the Medicate rebate. Sessions will be capped at 10 sessions per calendar year as per Medicare rules.

Clinicians will need to complete the usual BlueHub documentation and send the required BlueHub letters to the member's GP, which include the *Assessment Summary and Treatment Plan*. As WorkCover is not involved, correspondence letters are not required with the employer's IMO or WorkCover Agents.

Client and data management systems

BlueHub utilises two (2) customised software platforms:

- **Halaxy** – as the client management software for the clinical and administrative purposes
- **NovoPsych** – as the data management software for administering and monitoring outcome measures

Data management

All BlueHub clinical records and documents are to be saved in Halaxy. Case notes and additional documents can be recorded in the clinicians own CMS system and are not required in Halaxy, unless preferred. Links with other relevant services (including general practitioners) are to be included in the clinical record. Access to member data on Halaxy is limited to the member's treating clinician, and the TPAV BlueHub team for administrative purposes only.

Halaxy

Halaxy is BlueHub's client management software system and is accessible online at www.halaxy.com. See **Appendix E** for detailed Halaxy information.

Key points

- Forms and letter templates are required to be saved in Halaxy and can be accessed by clicking '*Template*' within a note or selecting from the 'Favourites' list.
- Within a clinical note, clicking the small arrow to the right of the blue *Save* button will display useful options (e.g., Publish, Print, Email, Delete). Please select 'Publish' for each completed report.
- Emails can be sent directly from Halaxy, either from the client's *General* page or within each clinical note. Alternatively, save the letter as a PDF and email from your usual email account.

NovoPsych

NovoPsych is a secure online platform for BlueHub clients to complete the outcome measures (e.g. PCL-5, PHQ-9) and sessional measures (e.g. CORE-10) throughout treatment. Clinicians will have access to the system to view client's completed measures overtime. NovoPsych is accessible online at <https://app.novopsych.com>. See **Appendix F** for detailed NovoPsych information.

NovoPsych key points

- The TPAV BlueHub team will administer outcome measures to clients through NovoPsych.
- Clinicians will be able to view the results through the NovoPsych clinician portal.
- Clients will automatically receive prompts every three months during treatment to complete each new batch of outcome measures.
- Clinicians are requested to inform the TPAV BlueHub team when their client is ready for discharge, who will then administer the final discharge outcome measures.

Outcome measurement and monitoring

Overview

A core component of the BlueHub model of care for police members is the delivery of evidence-based practice and continuous quality improvement. The strategic use of clinical outcome measurement is central to the effective delivery of this approach. Clinical outcome measurement will be used for several purposes in BlueHub, including to:

- assist diagnosis and determine severity of symptomatology
- assist with treatment planning
- track individual client progress toward goals and symptom improvement
- evaluate service effectiveness
- identify opportunities for service improvement

- facilitate research that broadens our understanding of the mental health of police members and expands the evidence base for the effective assessment and treatment of trauma related mental health problems.

Outcome measures

There are several primary and secondary outcome measures, as well as single use measures and session-based measures. The suite of measures is listed in Table 6 and explained further below.

Outcome measures are administered through NovoPsych. The TPAV BlueHub team take responsibility in setting up clients and clinicians with access and the coordination of the automatic email notifications. The TPAV BlueHub team will obtain consent to collect and use outcome measure data for service evaluation purposes.

Appendix G provides descriptors for each measure, **Appendix H** provides summary of scoring and interpretation guides, and **Appendix I** provides cut-off scores for use with NovoPsych.

Table 6: Outcome measures administered to BlueHub members

Instrument		Measurement construct
Primary measures		
CORE-OM	The CORE Outcome Measure	Dimensions of psychological distress
PCL-5	PTSD Checklist for DSM-5	Assesses the 20 DSM-5 symptoms of PTSD
Secondary measures		
PHQ-9	Patient Health Questionnaire	Depressive symptom severity
GAD-7	Generalised Anxiety Disorder-7 Scale	Generalised anxiety symptom severity
K10+	Kessler 10 Plus	Psychological distress
DAR-5	Dimensions of Anger Reactions Scale-5	Anger and aggression and the impact on social functioning
ISI	Insomnia Severity Index	Insomnia severity
Single-use measures		
AUDIT	Alcohol Use Disorders Identification Test	Excessive and harmful patterns of alcohol use

Primary and secondary measures

To track treatment progress across regular intervals, all members are asked to complete the BlueHub outcome measures at the following time points:

- at allocation to a BlueHub clinician (following intake)
- every 91 days (three months) during treatment, until discharge
- at discharge from treatment
- 91 days (three months) after discharge.

Appendix J outlines the timetable for administration of these outcome measures.

Administering measures at intake/allocation

The intake measures are administered to members when they are allocated to a clinician, with the intention they complete these prior to attending their assessment. This is to aid clinicians with additional information to better inform case formulation and treatment planning, and ensure the findings are current. Members will receive a NovoPsych email notification to complete their first battery of measures.

If members are unable or unwilling to complete the screening measures online before treatment, then paper-based or online copies can be completed during the session. Treatment cannot be withheld if a client declines to complete any of the screening tools.

The results of the intake measures should be reviewed by the assessing clinician. If outcome measure scores identify that the client is at risk of self-harm/suicide or harm to another person, best-practice risk management should be followed in conjunction with the BlueHub *Clinical risk assessment and management plan*, ensuring to upload to Halaxy as an attachment.

Administering measures during treatment

The results of measures should be reviewed by the treating clinician upon completion and, where practicable, discussed with the member in the sessions immediately following their completion. The members may be provided with a copy of the results for their own record.

Administering measures at discharge and follow-up

The treating clinician is expected to advise the TPAV BlueHub team of all planned discharges. On receiving this information, the discharge measures will be administered by the TPAV BlueHub team, and preferably prior to the final treatment session. The discharge measures outcomes should be reviewed by the treating clinician at the point of discharge.

Outcome measures completed at 91 days (three months) after discharge should be reviewed within one business day. If scores at 91 days (three months) after discharge are of clinical concern the clinician should take this into account with their clinical judgement of the member to inform follow-up as appropriate.

If a member withdraws from BlueHub before completing treatment but has remained in treatment for a period to receive the 91-day review measures, then discharge measures and the follow-up measures will be administered. If the member has attended at least one treatment session, but has not received the 91-day review measures, they will only be asked to complete the discharge measures, and no follow-up measures.

Additional measures

Background characteristics

In addition to the above-described outcome measures, there will be a selection of background characteristics collected during intake:

- Socio-demographic measures: age, gender, relationship status, current employment status.
- Police service-related characteristics: rank, length of service, current serving status, workers compensation.
- Trauma exposure

Research ethics considerations

Consent: All clients are invited to consent to the use of their outcome measurement data and other limited information being used for research and evaluation purposes. The TPAV BlueHub team organises for clients to be sent an email with instructions to complete a suite of outcome measures online. Contained within this email is a copy of a Plain Language Statement describing the research and evaluation purposes for which their data may be used. Clients will have an opportunity to provide or decline consent.

Withdrawal: Clients are not under any obligation to complete their outcome measures and are free to decline and/or withdraw consent at any time for their outcome data to be used for research and evaluation purposes without this affecting their access to treatment.

The TPAV BlueHub team should be notified:

- of clients requesting to withdraw consent for their data to be used for research and evaluation purposes.
- if clients express concern about the use of their data for research and evaluation purposes or the consent process.

Data use: Outcome measures may be used for clinical purposes regardless of whether consent has or has not been granted for the use of this data for research and evaluation purposes. Clients will be offered the results of the outcome measures without them having to ask. Results should be explained in simple and straightforward language that the client understands.

The information clients consent to share for research and evaluation purposes is contained within the suite of outcomes measures and background characteristics described above. Consent does not extend to any additional client information and BlueHub will not request additional information for research and evaluation purposes beyond that described above, unless a formal protocol amendment is approved through the Monash University Ethics Committee.

Research ethics committee approval

The research component of BlueHub has been approved by the Monash University Human Research Ethics Committee (MUHREC). This project titled '*Patient outcome measurement for BlueHub mental health services*' (Project ID 49762) is led by Associate Professor Sean Cowlishaw (Sean.Cowlishaw@monash.edu) of Monash University. This project is carried out according to the approved project protocol and the National Statement on Ethical Conduct in Human Research (2007) produced by the National Health and Medical Research Council.

If clinicians or participants have any concerns or complaints about the conduct of this research project, they are first advised to discuss with the research team. Alternatively, please contact the Executive Officer Monash University Human Research Ethics Committee (MUHREC) on 03 9905 2052, or email: muhrec@monash.edu. All complaints will be treated confidentially. In any correspondence, please provide the name of the research team or the name or ethics ID number of the research project.

Training and Community of Practice

The BlueHub training program employs a blended learning model, in which BlueHub clinicians will be provided with both online and face-to-face learning opportunities. Face-to-face activities may occur in a traditional physical format, or on Microsoft Teams, depending on circumstance. The BlueHub program also aims to encourage learning via a Community of Practice (COP).

BlueHub Portal

The online BlueHub Portal accessible via [Canvas](#) provides clinicians with the tools and resources they will need in their BlueHub role, as well as providing specialised training in the skills and knowledge to prepare

them for their role. The TPAV BlueHub team will send clinicians an email invitation, and then the training portal can then be directly accessed with a username (email address) and password. Clinicians requiring support with the BlueHub training program can contact bluehub-intake@tpav.org.au.

Online training courses

On accessing the [BlueHub Portal](#), clinicians will find information about what to expect from the training and the CoP sessions. Clinicians can work through the training program at their own pace (within the first four months of joining the program) and return to the portal whenever needed to access any of the tools or resources, or to refresh their understanding of any of the topics covered. It is recommended that courses are completed in the order in which they are numbered. Table 7 provides an outline of the specific areas of learning available.

Table 7: Specific areas of learning in BlueHub

BlueHub training courses/area of learning
Core training <ul style="list-style-type: none"> • Orientation to Police Culture (approx. 3-4 hours online) • PTSD Assessment and Treatment Planning (approx. 3-4 hours online) • Multi-level Case Formulation for Complex Cases (approx. 3-4 hours online) • CPT (1 day online) Optional training <ul style="list-style-type: none"> • Managing Problematic Anger (approx. 3-4 hours online) • Treating Problematic Sleep (approx. 3-4 hours online)

Course progression

As outlined in Table 8, the *Police Culture*, *PTSD Assessment*, and *Case Formulation* training courses are required to be completed prior to accepting a BlueHub client for allocation. These courses are designed to support clinicians in their orientation to work with police members and the BlueHub processes. If clinicians have not received training in trauma-focused therapies within the five years prior to joining BlueHub, we ask that the CPT course is completed prior to accepting a BlueHub client. This is to ensure evidence-based treatment options are available and provided within BlueHub and to assist clinicians in benefiting fully from the CoP sessions. BlueHub clinicians are required to complete these five (5) core BlueHub training courses within the first four months of joining the program (unless recognition for prior learning is granted).

Table 8: Timeframes for course completions

Activity or course	Requested completion period
Orientation to Police Culture	Prior to accepting BlueHub clients
PTSD Assessment and Treatment Planning	Prior to accepting BlueHub clients
Case formulation for Complex Cases	Prior to accepting BlueHub clients
Cognitive Processing Therapy (CPT)	Either PE or CPT prior to accepting BlueHub clients

Managing Problematic Anger	Optional
Treating Problematic Sleep	Optional

As the [CPTWeb2.0](#) course requires a registration fee (BlueHub will cover this cost), clinicians are requested to email the TPAV BlueHub team for registration. Upon completion of the courses, clinicians are asked to provide the TPAV BlueHub team with a copy of their certificate.

Community of Practice (CoP)

CoP aims to foster learning by bringing together BlueHub clinicians to allow everyone to learn from each other, to enhance knowledge, extend skills, and apply learning to practice.

Schedule

CoP involves ongoing facilitation of one (1) group peer supervision session each month of one (1) hour duration via Microsoft Teams or in-person. The sessions are facilitated by the TPAV BlueHub team.

Topics of interest

CoP sessions may focus on a topic that complements and extends the learnings of the BlueHub Portal online training modules, including guest experts in policing and/or treatment invited to present. These sessions focus on supporting the practice of knowledge and skills addressed in the online training program and clinicians can discuss the content of those materials.

Certificate of completion

Training will aim to meet the requirements of professional development standards for professional associations as a minimum. The TPAV BlueHub team will work with clinicians to determine baseline levels of competence. As a general rule, clinicians will be required to demonstrate that they update their training in TF-CBT therapies on a regular basis. Where clinicians can demonstrate that they have completed training in PE or CPT in the past five (5) years, they will be granted exemption from completing the online training modules in these therapies. Please contact the TPAV BlueHub team to discuss recognition of recent training. Completion of all other modules currently available on the [BlueHub Portal](#) is mandatory.

Clinical standards

The detailed processes that establish referral, assessment, and treatment have been developed in collaboration with Phoenix Australia and are described in the following clinical standards and the previous section on clinical and administrative guidelines. The Standards address the clinical and operational requirements of BlueHub clinicians.

The Standards draw upon best-practice evidence presented in the *Australian Guidelines for the Prevention and Treatment of Acute Stress Disorder, PTSD and Complex PTSD* (Phoenix Australia, 2020), as well as the *National Standards for Mental Health Services* (Australian Government, 2010), and the *National Safety and Quality Health Service Standards* (ACSQHS, 2017). Treatment components specified in the Standards are based on evidence-based interventions for PTSD and its common comorbidities.

There are five standards addressing key components of a quality service:

1. **Clinical governance** – Clinicians comply with a governance framework that supports a skilled clinical workforce in the delivery of an evidence-based treatment program. These standards support high quality mental health treatment; a clinical workforce that has relevant clinical skills and qualifications, and is supervised, trained, and supported; and a clinical workforce that is maintaining and/or improving its skill set.
2. **Client rights and clinician responsibilities** – Clinicians provide a high-quality clinical service that respects the rights of clients and their families. This standard will deliver clients who are well informed about treatment options, have actively participated in deciding on their treatment goals and treatment plan and have given informed consent for treatment; clients and their families who have their rights and responsibilities respected; and to be given treatment that meets their needs
3. **Clinical pathways** – Clinicians have a well-defined model of care to manage the client's clinical pathway, from referral to treatment, to discharge. This ensures care that is coordinated and continuous. Each clinician is required to have effective administrative systems to manage data collection at specified time points, appropriate medical record keeping, maintenance and security; well-articulated policies and procedures to manage clinical risk and privacy; resourcing and infrastructure to provide continuity of care, clinical supervision of all clinicians and clinical or psychiatric oversight of all cases
4. **Treatment** – This covers evidence-based individual treatment for clients.
5. **Outcome measurement framework** – Clinicians are required to comply with BlueHub outcome monitoring protocols and other reporting requirements.

Component 1: Clinical governance

- The clinician complies with a governance framework that supports a skilled clinical workforce in the delivery of an evidence-based treatment program.

1	Clinical governance
1.1	Governance
1.1.1	The BlueHub treatment program is included in the strategic plans of TPAV and is reviewed annually.
1.1.2	The strategic plan is linked to the service clinical governance framework. In the case of the clinician being a solo practitioner, a document outlining their clinical governance framework must be provided and regularly updated.
1.1.3	The strategic plan includes review dates and quality improvement activities.
1.1.4	Improvement activities have been implemented and evaluated to maximise quality of care.
1.1.5	Risk assessment policies, procedures, and protocols that are in place are documented, including a process for reporting program dropouts or major adverse events within 48 hours.
1.1.6	Needs analyses, resource planning, and BlueHub program process evaluations are documented.
1.2	Clinical workforce
1.2.1	All clinical staff providing BlueHub services are AHPRA/AASW registered, have a minimum of three (3) years' experience in treating trauma related mental health disorders and have undergone training in Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), or EMDR in the past five (5) years.

1.2.2	All clinical staff providing BlueHub services complete the full core suite of training modules, including Police Cultural Awareness, PTSD Assessment and Treatment Planning, Case Formulation, CPT training prior to delivering BlueHub services, unless recognition for prior learning is granted.
1.2.3	There is a senior clinician trained in the administration of TF-CBT, and/or PE, CPT, EMDR, or CT available to provide supervision and oversight.
1.2.4	In the case of BlueHub Hubs, there is a Program Coordinator.
1.2.5	A psychiatrist has been nominated as a Consultant Psychiatrist to oversee the BlueHub clinical activities at each Hub, and there is a TPAV Consultant Psychiatrist.
1.3	Clinical workforce support and supervision
1.3.1	All BlueHub clinicians have regular access to supervision from a senior clinician experienced in the administration of evidence-based trauma treatment.
1.3.2	All BlueHub clinicians participate in monthly CoP supervision with the TPAV BlueHub team.
1.3.3	Regular clinical case meetings covering BlueHub clients are held at each Hub.
1.3.4	Clinicians are supported to work together in an interdisciplinary way.
1.3.5	There are internal processes in place to develop, support, and manage the performance of each BlueHub clinician.
1.3.6	Clinical staff are provided with opportunities for engaging in professional development activities relevant to the provision of BlueHub services and maintaining currency with evidence-based treatments.
1.3.7	There is a documented staff induction/staff orientation policy.
1.4	Clinical workforce skills and expertise
1.4.1	There is a process for regularly reviewing the performance of each BlueHub clinician.
1.4.2	BlueHub clinicians treat sufficient clients proportionate to the number of referrals to maintain and develop their clinical expertise in trauma-related mental health disorders.
1.4.3	BlueHub clinicians are familiar with current treatment guidelines for trauma-related mental health injuries and common comorbidities.
1.4.4	Evidence-based first- and second-line treatments are prioritised in psychological therapy treatment plans.
1.4.5	There is a system in place to report to the TPAV BlueHub team on the effectiveness of the BlueHub program, including clinical outcomes.

Component 2: Client rights and clinician responsibilities

- The BlueHub clinician provides a high-quality clinical service that respects the rights of clients and their families.

2	Client rights and BH clinician responsibilities
2.1	Informed consent
2.1.1	Informed consent is sought and obtained from clients and includes at a minimum: a description of the service that will be provided, any potential risks and benefits of the service (including realistic expectations of treatment outcomes), how the client's personal information will be managed, limits to confidentiality, the estimated length of treatment, and any financial costs to the client.

2.1.2	Informed consent is sought from clients for information to be provided to identified significant others and external treatment providers.
2.1.3	The information contained in informed consent forms is reviewed annually and updated as required.
2.2	Client rights
2.2.1	In accordance with the policies of the BlueHub service, provide information to clients on their health care rights and responsibilities.
2.2.2	Provide clients and their families with regular opportunities to give feedback on BlueHub and care provided and have any complaints or grievances addressed.
2.2.3	Client feedback is used to improve performance in delivering care and services.
2.2.4	Clients are involved in their treatment planning.
2.2.5	The privacy and confidentiality of client information is protected from unauthorised access or distribution, and is consistent with relevant legislation, guidelines, and organisational policy.
2.3	Diversity
2.3.1	The BlueHub clinician delivers services that consider the cultural and social diversity of its clients (e.g., role, rank, age, gender, ethnicity, religion, sexual orientation) and ensures that planning and service implementation takes these factors into consideration in meeting the needs of clients.

Component 3: Clinical pathways

The BlueHub clinician has a routine clinical system to manage the client's clinical pathway, from referral into the clinician's treatment service, to discharge.

3	Clinical pathways
3.1	Administrative system
3.1.1	Administrative system
BlueHub clinicians or administrators will be responsible for:	
3.1.1.1	Recording the login and account details provided by the TPAV BlueHub team for access to the BlueHub client management software, including: <ul style="list-style-type: none"> i. uploading required data and information ii. completing any audit requirements.
3.1.1.2	Informing the TPAV BlueHub team of changes to the administrator's or liaison person's contact details, and any other relevant changes, by emailing bluehub-intake@tpav.org.au .
3.2	Clinical system
3.2.2	Continuity of care
3.2.2.1	Staff are familiar with and comply with the clinical and administrative processes as set out in the Manual.
3.2.2.2	There is clearly designated, communicated, and documented care coordination.
3.2.2.3	New referrals are documented in the client management system.
3.2.2.4	At the point of allocation to a BlueHub clinician, a member of the treatment team is nominated as responsible for coordinating or providing clinical care, and this person's name and contact details are communicated to the client.

3.3	Assessment
3.3.1	The allocated clinician administers the clinical assessment interview protocol, including any clinician-administered diagnostic measures for PTSD and common comorbidities, a clinical risk assessment (see Component 3.4), and develops a treatment plan.
3.3.2	Clinical outcome data is collected using NovoPsych. Monash University is responsible for collecting and analysing outcome measures, while TPAV manages client facing activities such as collection of consent, troubleshooting, etc.
3.3.3	Completed assessments are stored on Halaxy, and copies may be kept with the clinician.
3.3.4	Links with other relevant services (including general practitioners) are contained in the clinical record.
3.3.5	The client receives a copy of the current treatment plan and steps have been taken to ensure that the content of the treatment plan is understood by them.
3.4	Risk assessment
3.4.1	A standardised clinical risk assessment is conducted at assessment (as required).
3.4.2	Regular risk assessments are conducted throughout treatment, particularly if there is a clinically significant change in clinical risk of harm to self or others.
3.4.3	Completed risk assessments are kept in Halaxy. A copy may be retained by clinicians.
3.4.4	All adverse events are recorded on the <i>Adverse Events Registry</i> and provided to the TPAV BlueHub team.
3.4.5	The TPAV BlueHub team are notified of any major adverse events within 48 hours.
3.5	Discharge
3.5.1	Clients and their families are provided with information on the range of relevant services and supports available in the community – to help them make an informed contribution to preferences for discharge arrangements.
3.5.2	Clients are involved in development of their <i>Discharge Plan</i> .
3.5.3	Continuity of care is facilitated with appropriate communication, documentation, and evaluation.
3.5.4	The outcomes of treatment are reviewed with the client prior to their discharge.
3.5.5	The process of discharge planning is documented on the <i>BlueHub Discharge Plan</i> template that details change in the client's health status, their satisfaction with the service, their perception of quality of life, and a review of the goals in individual treatment plans.
3.5.6	Attention is paid to future management of each client, with reference to specific plans, vulnerabilities, indicators of relapse, and suggestions for future management.
3.5.7	Copies of the <i>Discharge Plan</i> are, with the client's consent, provided to the client's GP, and any other treating clinician.
3.5.8	Referrals and follow-up appointments are recorded in Halaxy and the clinician's clinical records.
3.5.9	Clients are provided with a copy of their <i>Discharge Plan</i> .
3.5.10	Treatment Plans are stored in Halaxy, and copies may be kept on the clinician's system also.

Component 4: Treatment

This covers evidence-based individual treatment for clients.

4 Treatment	
4.1	Evidence-based treatment
4.1.1	BlueHub clinicians are familiar with the Australian Guidelines for the Prevention and Treatment of Acute Stress Disorder, PTSD, and complex PTSD (the Guidelines; Phoenix Australia 2020) .
4.1.2	BlueHub clinicians are progressively trained to deliver the following evidence-based PTSD treatment modalities: TF-CBT, PE, CPT, and EMDR.
4.1.4	Information on the range of trauma-focussed evidence-based therapies is provided to clients, and, where possible, clients are given the opportunity to choose their preferred approach.
4.1.5	BlueHub clinicians routinely prioritise delivery of appropriate evidence-based treatment modalities to treat PTSD and its common comorbidities (such as anxiety, depression, anger, addictions, and sleep difficulties) in individual treatment sessions.
4.1.6	Clients' treatment plans are developed and evaluated collaboratively with the client and documented in the individual <i>Assessment Summary and Treatment Plan</i> .
4.2	Individual therapy
The clinician is responsible for determining the appropriate type and length of treatment. The following are provided as a guide only.	
4.2.1	Length of individual therapy might include up to six (6) sessions of engagement and preparatory work, 8-12 sessions of evidence-based treatment, and 2-4 sessions of relapse prevention.
4.2.2	Content of sessions: First line evidence-based treatments are prioritised. Preparatory work may include psychoeducation (e.g., information about the nature of PTSD and common comorbidities, understanding the impacts of the diagnosed disorder including cognitive, occupational, interpersonal and health), symptom management, skills training.
4.2.3	Individual therapy sessions ideally initially occur weekly prior to commencement of the relapse prevention sessions, when the time between sessions may be increased.
4.2.4	Referrals are made to a psychiatrist if/when pharmacological treatments are indicated.
4.2.5	Referrals are made to family and/or couple therapists when indicated.
4.2.6	When appropriate, clinicians promote access to vocational support systems, education, and employment programs (including, if relevant, via liaison with the client's WorkCover Case Officer).
4.2.7	BlueHub clinicians provide information to clients on self-care programs or interventions that support the individual therapy.
4.2.8	The clinical record includes session notes setting out the: date of the service provision; name, role and designation of the treating clinician; summary of content; mental state examination if there is a significant change to usual presentation; and follow-up plan.
4.2.9	The clinical record shows appropriate changes to clinical risk or medication management.
4.2.10	Clinicians actively participate in case conferences with WorkSafe Victoria and IMCs when required.

Component 5: Outcome measurement framework

BlueHub clinicians are required to comply with BlueHub outcome monitoring protocols and other reporting requirements.

5 Outcome measurement framework	
5.1	Reporting requirements

- 5.1.1 Clinicians must comply with the BlueHub protocol for program monitoring.
- 5.1.2 The TPAV BlueHub team must keep a register of completed assessment and evaluation protocols.
- 5.1.3 Clinicians must report to the TPAV BlueHub team within seven (7) days of any dropouts from BlueHub.

5.2 Protocol for program monitoring

BlueHub program outcome monitoring and quality assurance process requires completion of the following:

- 5.2.1 Assessment Summary and Treatment Plan – to be completed by the BlueHub clinician within five (5) days of allocation. If not completed on Halaxy, a PDF copy must be uploaded when completed. *Assessment Summary and Treatment Plan* to be forward to insurer and workplace IMO within 10 days of completion.
- 5.2.2 Client self-report intake questionnaires to be completed by the client at initial intake or prior to the commencement of treatment. The self-report questionnaires include a range of established instruments to assess PTSD and comorbid conditions, and social and functional outcomes.
- 5.2.3 Clinical tracking information is completed by the client at the beginning of each session using the CORE-10 and collected to allow the clinician and the client to monitor progress.
- 5.2.4 Client and clinician complete client-therapist alignment questionnaires at session three (3), then three-monthly during treatment, with the final being completed at the penultimate session before discharge.
- 5.2.5 Discharge evaluation questionnaire – to be completed by the client at discharge. This questionnaire provides qualitative feedback from clients in BlueHub.
- 5.2.6 Clinical discharge protocol – to be completed by the BlueHub clinician prior to discharge.
- 5.2.7 Clinicians upload to Halaxy the completed *BlueHub Assessment and Case Formulation Form*, *Assessment Summary and Treatment Plan*, and all other corresponding Clinical Assessment Protocol documents for each client assessed by the clinician for BlueHub.
- 5.2.8 The BlueHub Clinician upload to Halaxy the completed *Discharge BlueHub client outcome measures* within one (1) week of client discharge.
- 5.2.9 The TPAV BlueHub team has a process for supporting clients to complete the relevant self-report protocols at intake, three-monthly review during treatment, discharge, and three (3) months after completion of BlueHub individual treatment.
- 5.2.10 All protocols are uploaded to Halaxy within one (1) week of completion.
- 5.2.11 There are policies, processes, and procedures in place to support the program outcome monitoring requirements.
- 5.2.12 All relevant staff are trained in the data collection and reporting requirements for the BlueHub program.
- 5.2.13 There is a record kept of completed and outstanding protocols.
- 5.2.14 There is a liaison contact person who is responsible for compliance with the protocol for BlueHub program monitoring.

Quality assurance

The primary purpose of quality assurance is to monitor, evaluate or improve the quality of health care delivered. It is an approach for ensuring that the desired level of quality in a program is achieved and maintained. In BlueHub, a quality assurance approach is taken to monitor, evaluate, and continually improve the quality of the mental health services provided. The quality assurance approach is a fundamental feature of the BlueHub model, and its existence is anticipated to encourage police members to seek treatment through BlueHub.

Quality assurance is conducted with reference to the BlueHub Clinical Standards. The TPAV BlueHub team may also undergo a quality assurance process, which will be conducted from an external agency and organised by TPAV.

Contacts

For all **general queries** regarding BlueHub processes, client issues and concerns, allocations, Halaxy access and NovoPsych, please contact:

TPAV BlueHub team	bluehub-intake@tpav.org.au	03 9468 2600
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For **specific queries regarding Halaxy** please contact:

Halaxy	community@halaxy.com	1800 984 334
TPAV BlueHub team	bluehub-intake@tpav.org.au	03 9468 2600

Gallagher Basset:

General enquiries & progress reports	bluehub@gbtpa.com.au	
Invoicing enquiries	GB.PaymentsTeam@gbtpa.com.au	03 9297 9234

WorkSafe:

General enquiries	service_provider_registration@worksafe.vic.gov.au	
To verify bank account information linked to registration		1800 136 089

Comcare for accepted claims:

All enquiries and invoices	general.enquiries@comcare.gov.au
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Early Access Scheme - pre-claim acceptance:

All enquiries and invoices	SHIELD-injurymanagement@afp.gov.au
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Victoria Police:

Injury Management enquiries	IMC-operations-mgr@police.vic.gov.au
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AFP:

Injury Management enquiries	SHIELD-injurymanagement@afp.gov.au Cc' Psych-southcommand@afp.gov.au
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