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Poster Abstract

Operationalising integration in a new Australian primary health care centre: managers experience of the first 12 months.

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Abstract

Background: New primary health care centres are being established across Australia by the national and state governments with an emphasis of co-locating General Practice and other primary health care services. The intent of the Centres is to overcome the historical division between these services thereby leading to more integrated health care, particularly for those patients with a chronic illness. It is not clear in policy what level of integration is envisaged between services in these co-located Centres or what management enablers are to be used to operationalise this. The study explored the experience of service managers in one new community health centre over the first 12 months in order to establish their experiences “on the ground” so as to understand what is needed by managers to achieve service integration.

Method: Qualitative interviews with seven purposively selected key informant managers across six co-located services around the period of the opening of one Centre following by a “problem-solving” focus group 12 months later with six of these managers. Data collection broadly covered informants’ expectations of and support needed for integration.

Results: Expectations were that Centre clients should be able to receive a range of services as a “one stop shop” regardless of the reasons for attendance, although it was not clear how this would work in practice. Hence there was initial uncertainty about what integration would practically mean in day to day work and in the systems required across different services. There was a view that unless “mechanisms for structured interaction” were achieved, co-location itself would not lead to integrated servicing.

Organisational activity over the first 12 months appeared to be of co-located services dealing with practical matters of settling into a new building, but having achieved this, managers were now receptive to work on Centre processes to promote joint working. Five factors to support integration were identified. The first was to create an expectation both formally and within the staff culture, that in taking up employment in the Centre staff will commit to a model of integrated servicing. This was to be supported by leadership, so that both vision and also the resources needed are in place, which includes staff development on pathways of care between services, optimal use of building space and flow for cross service interaction, and common IT systems.

Conclusion: Co-location as a strategy for integration appears to have brought its own additional challenge related to organisations settling into a new building and which may need to be dealt with prior to collaborative working on integrated services. From this observation, four stages of Centre

development are proposed, from concept design and building construction (prior to this study) and then agency co-location and finally the operational stage of developing systems for integrated servicing. Having put the effort into the first three stages the conclusion is that resources need to be put into this fourth stage to assist managers over an extended period.

Keywords

community health centre, managing integration

Powerpoint presentation:

<http://www.integratedcarefoundation.org/content/posters-oral-presentations-session-2>
