

Volume 14, 8 December 2014

Publisher: Igitur publishing

URL: <http://www.ijic.org>

Cite this as: Int J Integr Care 2014; WCIC Conf Suppl; [URN:NBN:NL:UI:10-1-116593](https://nbn-resolving.org/urn:nbn:nl:ui:10-1-116593)

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Conference Abstract

## Tick-Tock, Tick-Tock: Valuing patient's time by creating a collaborative of health-care providers and crossing traditional boundaries

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### Abstract

**Introduction:** A persons time is their most precious commodity – no matter your age, your cultural or socioeconomic background we all have the same amount of time in each day and it's never enough to do all we want.

When unwell, our health systems, processes and decision making do not afford the coordination to minimise time wasted resulting in patients waiting for appointments and results, having time away from work and in some instances early entry into supportive care.

The Southern Adelaide Health Alliance (SAHA) has facilitated collaboration between over twenty-five local health provider and consumer organisations that have made a commitment to implementing initiatives that will give back 500,000 healthy hours to the Southern Adelaide community by 2017.

Commencing in December 2013, SAHA has already given back almost 50,000 hours through its first round of six projects.

**Background:** Southern metropolitan Adelaide has 400,000 residents, 100 GP Practices, 77 aged care facilities, three public and two private hospitals, over 300 private providers and two Aboriginal Health practices.

The growing pressure within the hospital system to reduce activity and promote hospital avoidance created a catalyst for conversations outside the hospital walls in an effort to better integrate care.

Southern Adelaide Local Health Network, SAFKI Medicare Local, SA Ambulance and the Health Consumers Alliance SA invited other interested providers to join them in sharing information and resources to develop projects focused on optimising access to care in the most appropriate settings through planned care pathways and responsive efficient service delivery.

**Challenge:** To bring together disconnected, siloed providers with disparate funding models to improve patient's experience and outcomes and increase service efficiency.

**Method:** Three target areas were identified and task force groups created - Specialist and Outpatient Care, Emergency and Ambulatory Care and Community Interface.

First round of projects used 100 day methodology to encourage early outcomes.

Second round had an EOI process and projects launched in August 2014. Selection is based on a set of key criteria that included giving back time to the community.

Three of the core organisations committed staffing resources to delivering outcomes although a majority of project deliverables were achieved by integration of projects into day-to-day operation.

**Highlights and opportunities:** Six initial projects ([www.saha.org.au/projects](http://www.saha.org.au/projects)) have provided encouraging results supporting the hypothesis that local, ground level change to integrate care will be effective if willingness for collaboration is present.

The SAHA model and governance structure is well positioned to be transferred to other regions across Australia. SAHA already demonstrated its potential for long term Sustainability through the volume of EOI from community and organisational commitment.

**Conclusion:** SAHA has already has created a vehicle to harness a momentum to create change from a local level. It has proven that in an environment of service and fiscal pressures there are still opportunities to improve the health outcomes and efficiency of services by integrating care.

Strong leadership and executive commitment to change the way we do business as well as a skilled and willing workforce to operationalise initiative and ideas has supported the case for integrated care.

## Keywords

**collaboration; partnership; health; outcomes; alliance**

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## PowerPoint presentation

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