



Northerly Change

Development of Medical Clinical Coach Role in an Auckland Inpatient Unit

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Mental Health Service Users



- Increased mortality rates
- Increased morbidity rates
- Reduction in life span
- Less likely to engage in primary care
- Less likely to report symptoms

Brown, (2007); Carson, Katz, Gao, Alegría, (2010);
Howard & Gamble, (2011); Logan, (2008); Masand, (2002);
Metabolic Working Group (2008); Phelan, Stradins & Morrison (2001);



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Why Medical Clinical Coach

- Series of recommendations
- Recognised that a more systematic approach required to strengthen clinical systems and work-force development support needed
- Not my job/physical health problems ‘belong up the hill’/‘House Officer needs to do that’

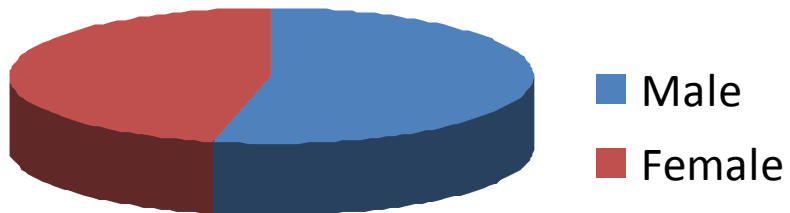


Gender/Ethnic Groups

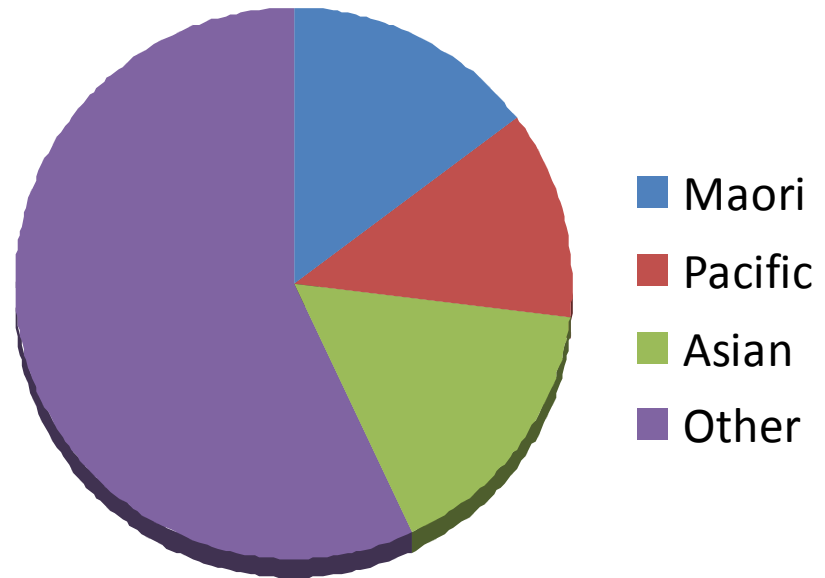
1yr of data. n=531



Gender

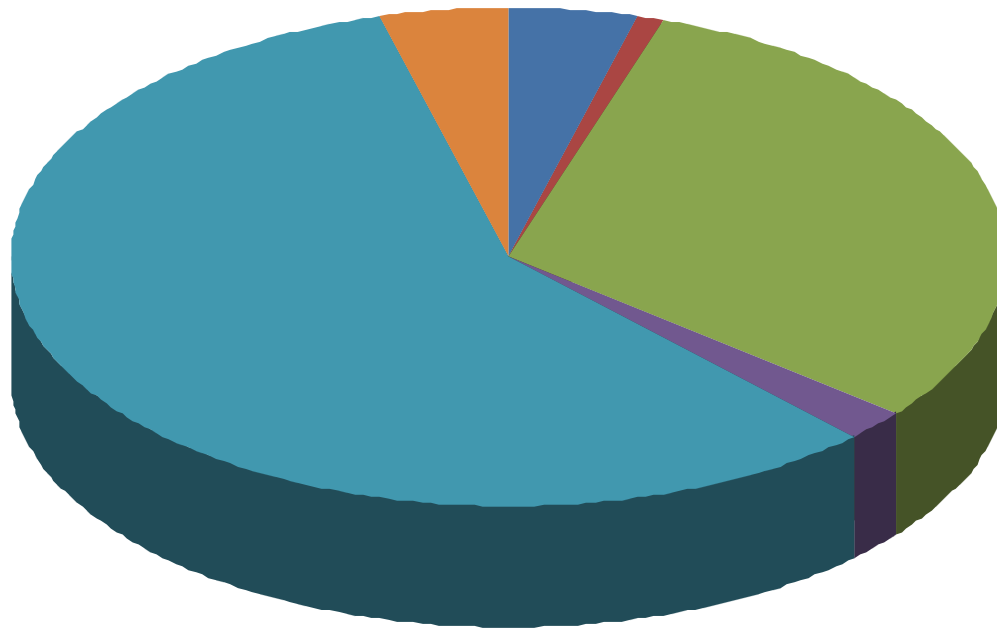


Ethnic Group



Discharge Diagnosis

1yr of data. n=531

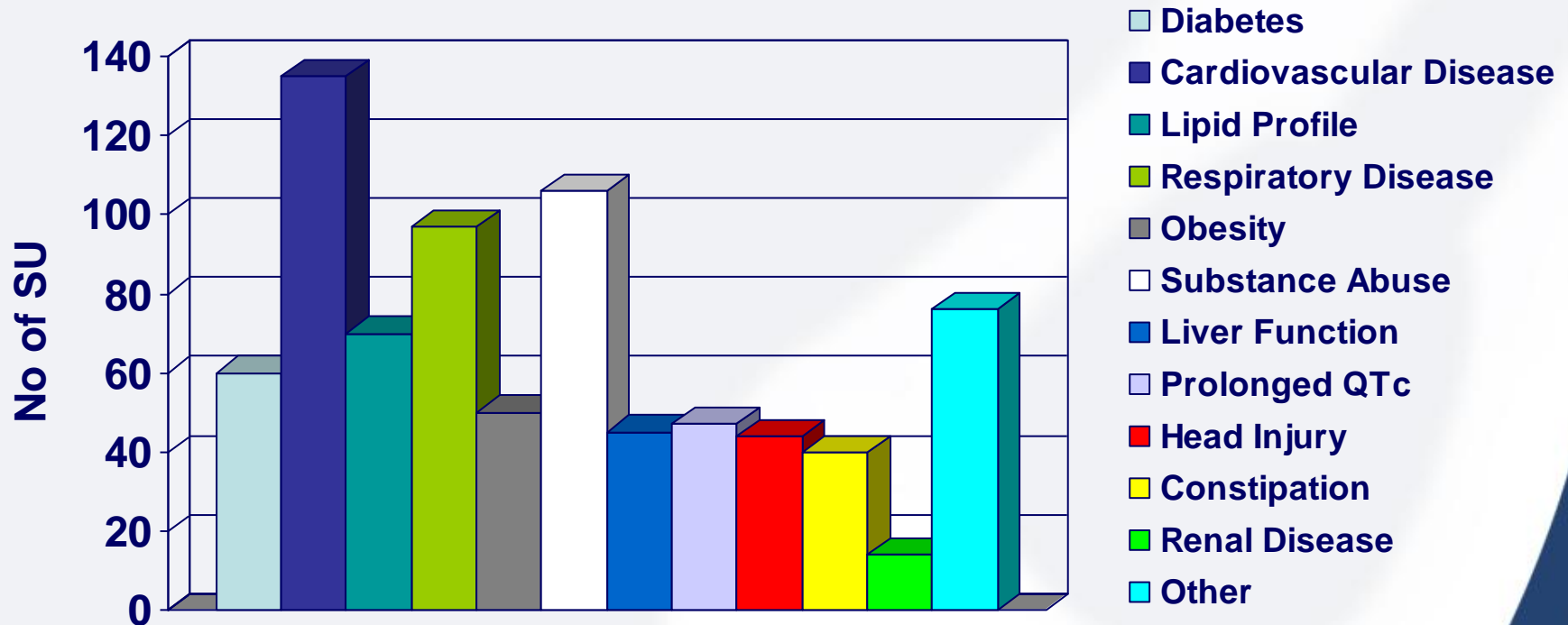


- Adjustment Disorder
- Delirium/Dementia/Cognitive disorder
- Mood Disorders
- Personality Disorder
- Schizophrenia/Psychotic Disorders
- Substance Related Disorders



Physical Co-morbidities

1 year of data, from house officer physical admissions. n=531



Role of Medical Clinical Coach



- Improved relationships between specialist MHS and secondary medical services
- Formal mentoring and coaching
- Clinical teaching and role modelling
- Developing and establishing clinical systems

Case Study 1 — Pre Medical Clinical Coach



- Ms H – 62 yr old ♀
- Significant Medical History
- Admission assessment
- Lack of continued Assessment
- Documentation

Bizarro

Heart attack with extra cheese, heart attack with bacon, double bypass no pickles, --hey! Where's my diabetes and large stroke?



Case Study 2 – Post Medical Clinical Coach



- Ms D - 61yr old ♀
- Significant Medical History
- Planned intensive nursing input and assessment
- Deterioration in physical health
- Treatment



Outcomes



- Increase in MHN's participation in physical health
- Increased access to secondary medical services
- Improved nursing assessment at TWT leading to increased rate of transfer to the general hospital
- Decreased codes with detrimental outcomes
- Clinical system reviews – direct feedback
- Improved management of medical issues

Barriers/Enablers



Barriers

- From outside-in
- Scope of practice
- Annoyance of Service User's
- More work/Too busy

Enablers

- Job satisfaction
- Learning new skills
- Sense of self
- Good health outcomes for Service User's



"I agree you do have drive, ambition and self-confidence, but what we're looking for is ability."

Summary of Key Points



- Physical health is part of mental health
- The potential to acknowledge physical health needs during inpatient admission
- Enhancing service user's physical health extends MHN practice and confidence
- Support from Medical Clinical Coach validates MHN's physical health assessment skills
- Nurse Educator – Adult Medicine permanent position