Evaluating a new model of nurse-led emergency department mental health care in Australia; perspectives of key informants

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ABSTRACT

Background: Mental health nurse services have existed in Emergency Departments (ED) for many years. However, there is considerable variation in the way these services operate, and no standardised model of care has been articulated.
Aim: To evaluate an extended hours nurse practitioner-led mental health liaison nurse (MHLN) service based in an ED in Sydney Australia.
Methods: As part of a larger mixed-methods study, semi-structured interviews were conducted with a sample of ED patients and nursing, medical and psychiatry staff (N = 46). Newly recruited MHLNs were interviewed at the commencement and conclusion of the study period. This paper presents the qualitative component from the evaluation.
Results: The new service was met with high levels of approval by patients and staff. MHLN team members were challenged by their new role but considered the service reduced waiting times, provided therapeutic benefits, and enhanced communication and support for emergency staff.
Conclusion: A nurse practitioner-led extended hours MHLN service embedded within the ED team structure provides prompt and effective access to specialised mental health care for people with 'undifferentiated health problems' and removes a significant workload from nursing and medical staff.

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1. Introduction

Effective and timely intervention and follow-up for mental health related presentations to the Emergency Department (ED) is an issue of considerable interest. The Fourth Australian National Mental Health Plan (2009–2014) recognised that EDs are frequently the first point of contact with the mental health system. Services must work in more collaborative ways to support flexible, integrated and responsive models of care rather than operating in rigid silos. Importantly, general hospital staff also need to access expertise to enhance care for people with physical illness complicated by psychological and behavioural problems (Commonwealth of Australia, 2009).

Health services are required to implement new models of care that streamline transition through the ED for people presenting with mental health related concerns and to support ED staff. The benefits associated with mental health nurse service provision in the ED have been recognised from numerous evaluations conducted internationally (Callahan et al., 2001; Clarke et al., 2005; Eales et al., 2006; Morgan and Coleman, 2000; Sinclair et al., 2006; Wand and Happell, 2001). However, there is significant variation in the way such services are designed and operate within the ED, such as team structure and where that sits within the ED, reporting mechanisms, patient referral and follow up. A standardised model of mental health nurse service delivery that best meets the needs of the ED and the public is therefore required.

This Health Workforce Australia (HWA) funded study constituted part of a broader national evaluation project exploring expanded scope of practice for nurses in ED. The primary aim of this project was to evaluate a nurse practitioner (NP)-led extended hours mental health liaison nurse (MHLN) service based in the ED of the Royal Prince Alfred Hospital (RPAH) in Sydney, Australia

and to explicate a model of care that is transferable across a broad range of emergency settings. The service consists of a mental health NP (MHNP) as clinical lead to three full time equivalent MHLN positions employed at Clinical Nurse Specialist (CNS2) level covering the ED for 16 hours a day (morning and evening shifts), seven days a week. The aim of the NP-led extended hours MHLN team is to expedite access to specialist mental health assessment and therapeutic intervention and support ED staff in timely coordination of care, discharge and follow-up.

1.1. The RPAH context

The RPAH is an inner city teaching hospital and the ED is a major trauma centre that manages over 75,000 presentations per year. A MHNP position has been integrated within the ED team for over ten years. Initial evaluations of the service provided by the MHNP identified reduced waiting times, therapeutic engagement and enhanced co-ordination of care as the main benefits of the role (Wand, 2004; Wand and Schaecken, 2006). The scope of the MHNP role at RPAH has expanded through the establishment of a structured and formalised outpatient service (Wand et al., 2011a, 2011b, 2012) whereby referred patients return to the ED for brief intervention within a mental health promotion and solution focused therapy framework.

Unlike other mental health initiatives designed to respond to the ED, the unique characteristic of this model of care is embedding the NP-led MHLN service within the ED team structure and establishing a complementary relationship with the consultation–liaison (and after hours) psychiatry service. As clinical lead to the MHLN team the NP provides mentorship on the MHLN role and ongoing support. Clinically, the NP acts as a resource for discussion, consultation and/or outpatient referral.

2. Methods

The evaluation was conducted from September 2012 to September 2013. A mixed methods design was employed. A series of individual interviews were conducted as part of the evaluation with MHLN team members, patients and ED and psychiatry staff. The quantitative component from the completed evaluation is published elsewhere (Wand et al., 2015). This paper presents the qualitative component from the evaluation and is complementary to the quantitative data.

2.1. Data collection

All interviews were conducted by a research assistant and recorded digitally. Individual MHLN team members were interviewed in the early stages of the service and again towards completion of the evaluation period to explore observations, challenges, barriers, and to assess changes in knowledge and confidence over the duration of the project.

Telephone interviews with patients were conducted. Participants were recruited over a three month period from May to July 2013. The project lead contacted individuals seen by a MHLN within 72 hours following ED discharge. If agreeable to being contacted by a research assistant, an information sheet and copy of the interview schedule was mailed to the potential interview participant. Participants were asked to reflect on their experience with the MHLN in response to a series of open questions and conversational prompts about aspects of the service.

At the completion of the evaluation period face-to-face interviews were conducted with a sample of ED nursing, medical and psychiatry staff. Similar to the patient interviews, staff were invited to respond to a series of open questions pertaining to the MHLN team and its impact on ED service provision.

2.2. Ethical considerations

The Local Health District Human Research Ethics Committee approved the study.

2.3. Data analysis

Interview recordings were transcribed verbatim. Data were analysed by two research assistants using content analysis via open coding, creating categories and abstraction. Content analysis has an established position in nursing research (Elo and Kyngas, 2008), and is one research method for creating replicable and valid conclusions from data to their context, with the aim to provide knowledge, new insights, a representation of facts and a practical guide to action (Krippendorff, 1980). Team members independently reviewed the analysed data. The researchers met to compare and discuss the grouped areas that they identified independently until consensus on categories was reached.

3. Results

A total of forty-six (n = 46) interviews were conducted with key informants over the evaluation period. Of the forty-seven patients contacted, 39 consented to being contacted by a research assistant for a follow-up telephone interview. Fourteen people were successfully interviewed (36%). The following summary represents the qualitative data and the key areas that emerged.

3.1. Patient perspectives

The majority of patients were highly satisfied with the MHLN service. They spoke about the positive qualities of the MHLN and how involvement of the MHLNs improved their experience when presenting to the ED. Patients identified that the MHLNs had patience and took time to listen, talk and explore their situation. The MHLNs were viewed as professional and confident clinicians who explained the process of care in the ED.

> He was very thorough. He gave me an idea of how it would pan out and who would come to see me next. I had an idea what the plan was. . .what the structure was. It gave me some reassurance that I was being looked after. . . MHLN P31

3.1.1. Impact on patient care

Participants felt understood and reassured, and that someone was available in the ED to address their specific needs. The therapeutic communication skills of the MHLNs were considered beneficial, particularly when waiting times to see a doctor were long. Being provided with an explanation of the ED process had a calming effect. One patient in particular clearly expressed his view about the MHLN and could not identify any deficits in the service provided.

> The mental health nurse really nailed it. . . was so knowledgeable and had a depth of experience. . . .couldn't flaw it. . .. MHLN P37

This patient explained that the experience of going to the ED has transformed his whole approach to managing his mental health. There was a sense of comfort in knowing that presenting to ED for mental health support is a genuinely helpful alternative for people in mental distress.

> That experience of going to hospital has changed my whole approach and structure of how I manage my mental illness. Now I know there is this option available and having someone there who understands me and can work through the situation with me. MHLN P37