

# Good Life Club

**“Making health coaching  
sustainable in practice within  
organisations-**

***some lessons learned*”**

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# Today.....

- Briefly describe Good Life Club Demonstration Project
- Overview of Good Life Club Transition Plan
- Enablers & barriers to sustainability
- Case studies



# Background to Good Life Club Demonstration Project

- 3 year project completed June 2004
- Objective: To improve self-management capacity of people with diabetes
- 350 clients enrolled (44% men)
- Telephone coaching & support
- “Club” activities, newsletter & website
- Incl. Chinese community
- Eight health agencies in consortium (Eastern Melbourne)
- Funded by Commonwealth Dept of Health & Ageing



# Telephone coaching

## Training:

- 47 Allied Health & Practice Nurses trained
- 2 day course
- Behaviour change-focused support
- Regular de-briefing sessions
- Consultation map to guide coaching
- GP communication emphasised

# Telephone coaching

What happened:

- Coaching was in addition to existing AHP role
- Competing demands
- Difficult to undertake in working hours
- Approaches varied amongst background professions of coaches (physiotherapists, dietitians, nurses, etc)

# Transition Phase – 2 years (04-06)

- Action Plans to embed CDSM
- Organisational support for change

Training:

- Flinders Uni model, Stanford course leader

Training, Coach training

- Sustainability projects \$
- Regional Practitioners' network



# Sustainability Projects

- Follow-up telephone coaching 4 months post diabetes education group
- Established follow-up coaching in 2 Asthma Clinics in general practice
- Using the Wagner Assessment in Chronic Illness Care tool in Community Health Service
- Establish Volunteers in Chinese Good Life Club
- Action planning in Diabetes Education group

# Health Coaching by Practice Nurses

- Chronic disease self-management guidelines for GPs on RACGP website

Telephone coaching

- Broadened PN perspective of role
- Enhanced patient satisfaction

Barriers:

- Time, physical space, conflict with other duties



# What worked...

- Leadership at regional & agency level
- Regional Practitioner's group
- Staff working groups in agency
- Reflection on process (PDSA cycle)
- Small \$ grants linked to sustainability
- CDSM in strategic plan/workplans
- Resources support (time & staffing)
- 'Maintenance' requires on-going quality assurance (job descriptions, policies, on-going review)

# Follow-up telephone coaching in a Community Health Service - Pilot

- Follow-up telephone coaching for clients who had participated in 5 week Diabetes Ed. Program
- Structured format, goal setting
- Barriers to client self-management identified (family tensions, anxiety & depression)
- 42 clients from 6 groups 4 months post-group
- Most clients in contemplation or action stage at 4 months
- Interventions – information given, relapse prevention & motivational interviewing
- Implementation issues: organisational, time management, lack of leadership for sustainability

# What didn't...

- Staff turnover in community health services
- Restructuring of organisation
- No strong culture of quality improvement
- Lack of targeted funding for CDSM / coaching
- Limited evaluation & research capacity within services
- Lacked broader principles & elements of Wagner model of CDM

# Victoria – Early Intervention in chronic disease initiative

- Good Life Club at Whitehorse Community health service
- Key worker facilitates care coordination
- Health coach
- Not all clients want or need health coaching
- Professional training and role require on-going definition & support to move to health coaching

# What's happening now...

Two resources being developed:

1. Development of a workbook for implementing self-management
2. Research and develop an Information Package on nurse-led chronic disease clinics in General Practice

# More Information

- Health Professional resources

[www.goodlifeclub.info](http://www.goodlifeclub.info)

(see Health Professionals/Resources)

- Australian Journal of Primary Health  
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