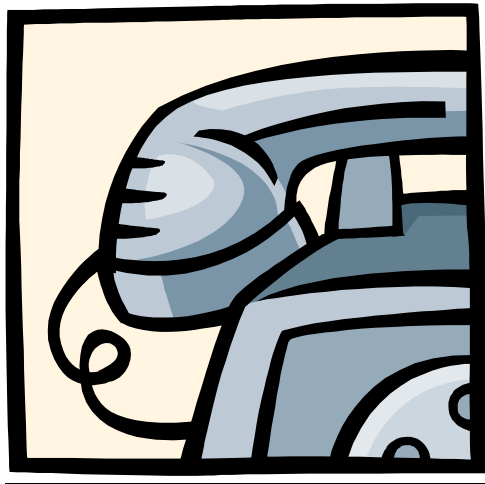


The Effect of Telephone Triage Advice on Informal Care Behaviour



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BACKGROUND

Northern Ontario:

- vast landmass
- relatively small and widely scattered population

Rural and remote communities in Northern Ontario typically have *limited access to and availability of* health care services (e.g., long distances, few health care providers).

Teletriage Pilot Project:

- July 1999 to March 2001
- staffed by registered nurses
- available to Northern Ontario residents, 24 hours/day, 7 days/week
- callers described symptoms to a teletriage nurse who used clinical guidelines and nursing experience to arrive at a recommendation

Aim of Teletriage: to improve access to health information and help a caller decide whether he/she should:

- see a physician or other health care providers,
- proceed to an emergency room, or
- follow self-care instructions.

RESEARCH QUESTIONS

- (1) What was the effect of teletriage on informal care behaviours?
- (2) What are the implications for rural residents?

APPROACH AND PURPOSE

Survey data collected by CRaNHR were analysed to determine if self-reported informal care behaviours were affected after calls to Direct Health / TéléSanté.

Surveys were also sent to non-callers to allow comparison with callers.

METHODS

Caller Survey

- The Centre for Rural and Northern Health Research mailed questionnaires to ~5475 households.
- 44% response rate (n=2390)

Non-Caller Survey

- Questionnaires were sent to ~9958 randomly selected households across Ontario.
- 26% response rate (n=2440)

Questions included:

- “In general, your health is: excellent, very good, good, fair, or poor.”
- “You are generally able to walk without difficulty and without mechanical support: yes or no.”
- “Which of the following types of self/informal care do you provide to yourself/others:
 - care of cold/flu symptoms
 - treat minor cuts, bruises sprains, skin irritations
 - etc.

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RESULTS

Telephone triage appears to make a difference in the informal care that callers are providing.

About one-quarter of survey respondents indicated that kind and amount of informal care had increased, the rest reported no change.

About half of the respondents reported that their confidence in providing informal care had increased, while the rest reported no change.

Callers tended to rank their health status as higher.

This may be in part because ~49% of callers had called on behalf of young children.

Patients of the teletriage service tend to have higher self-reported mobility.

Perhaps this is because 49% of patients were young children.

Demographic differences between callers and non-callers make it difficult to isolate the effect of the Teletriage service on specific informal or self-care behaviours.

The tendency for callers, relative to non-callers, to treat cold and flu symptoms, and give over-the-counter drugs may be because patients were younger.

The older non-callers would be more likely to take drugs for a long-term illness or disability.

Interestingly, one might expect that callers would treat bruises/sprains, rashes and perhaps cuts & scrapes more often than non-callers; but the data show the opposite.

Types of Self/Informal Care Reported by Survey Respondents

Types of Informal Care	Type of Questionnaire	
	Caller	Non-Caller
Cold/flu	94%	92%
Give/take Over-the-counter Drugs	84%	81%
Bruises/sprains	75%	83%
Skin Irritations/Rashes	89%	91%
Give/take Drugs for Long-term Illness/ Disability	31%	40%
Cuts/scrapes ¹	92%	93%

¹ All categories except cuts/scrapes have a Pearson Chi-Squared statistic that is significant at the $p < 0.05$ level.

CONCLUSION

The Teletriage service increased the level of confidence that callers had in providing informal care or self care. This may be of particular significance for rural areas where there is a greater role for the informal caregiver.

It was not clear, however, that the Teletriage service greatly affected the type and amount of informal care. A more detailed investigation may be needed to determine if differences between callers and non-callers for specific self / informal care behaviours are due to demographic factors and whether differences can be affected by teletriage service.