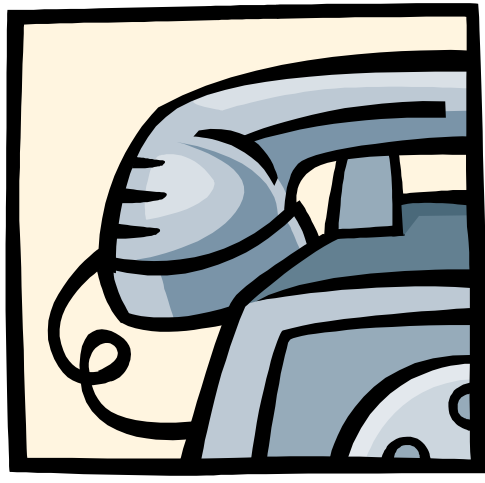


# Does a Telephone Triage Service Affect Informal Care Behaviour?



John C. Hogenbirk, MSc  
Raymond W. Pong, PhD  
Virginia M<sup>c</sup>Farland, BA  
Sandy Lemieux, BA

CENTRE FOR RURAL AND NORTHERN HEALTH RESEARCH  
Laurentian University

## BACKGROUND

### *Northern Ontario:*

- vast landmass
- relatively small and widely scattered population
- many small or remote communities have few or no physicians and are considered to be underserved
- community residents have to travel long distances to access medical care
- where physicians and hospital emergency departments are available, physicians tend to be overworked or are on-call frequently, often resulting in fatigue or burnout

### *Teletriage Pilot Project:*

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

***Aim of Teletriage:*** to help 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.

## APPROACH AND PURPOSE

Survey data collected by CRaNH Research 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 ~6100 households.
- Count was corrected for ~590 undeliverable surveys.
- 44% response rate (n=2390)

### *Non-Caller Survey*

- Questionnaires were sent to ~11,800 randomly selected households across Ontario.
- Count was corrected for ~2220 undeliverable surveys.
- 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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Corresponding Author:  
John C. Hogenbirk, MSc  
Senior Researcher

CENTRE FOR RURAL AND NORTHERN HEALTH RESEARCH  
Laurentian University  
Ramsey Lake Road  
Sudbury, Ontario, P3E 2C6  
705-675-1151-3435  
Fax 675-4855  
e-mail: [jhogenbirk@laurentian.ca](mailto:jhogenbirk@laurentian.ca)

## 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 health and mobility.

*Perhaps this is because 49% of patients were young children (n=2380).*

Differences between callers and non-callers make it difficult to isolate the effect of the Teletriage service on informal or self-care behaviours. (see table)

*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 <sup>†</sup>	92%	93%

<sup>†</sup> 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.

It was not clear, however, that the Teletriage service greatly affected the type and amount of informal care. Evidence of differences in self/informal care behaviour may be due to socio-economic and demographic differences between callers and non-callers.