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## Partners in health to eLearning module development in rural and remote Western Australia

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### Abstract

**Relevance:** WA Country Health Service (WACHS) is a key stakeholder of aged and community services for older people across regional, rural and remote communities in WA and is the most complex and geographically dispersed health service in the world. WACHS provides an array of community care and aged care services including managing more than 600 aged care beds<sup>1</sup>.

WA Primary Health Alliance (WAPHA) consists of three Primary Health Networks (PHNs) one of which is the CountryPHN.

These rural and remote challenges are shared by both WAPHA and WACHS in WA where services are planned and delivered to a diverse and sprawling population with widely varying health needs. Contemporary and innovative services are required to ensure older people living in country WA receive the care they need, when they need it, in ways that are user friendly, sustainable and of a high quality<sup>1</sup>.

There are also specific challenges associated with greater numbers of people living to an older age and who have a desire to live in place. Higher levels of physical frailty and/or mental health conditions associated with longer life expectancy require a more responsive approach to a complex range and higher intensity of health and aged care services. This places a significant pressure on the aged care workforce that is servicing communities with moderate to low volumes where virtual support in their service delivery and capacity building is challenged. An ageing population changes both the mix and volume of services required within these communities.

Supporting and facilitating learning programs that enable the development and maintenance of skills and competencies is a key focus of both organisations whose aim is to ensure retention of a skilled workforce that aligns with service needs. The need to partner between WACHS and WAPHA in innovative workforce development became apparent when limited access to training was identified as a gap in 2017 for Aged Care Unregulated Health Workers (UHW) in the assistance of medication administration to the community and in the residential aged care sector.

This 'Partners in Health' presentation is about a collaborative relationship between the commissioned funder, WAPHA, and the user expert WACHS.

This presentation explores:

- how a learning gap in aged care became evident and the subsequent call to action from the two agencies to address this;
- where collective impact of such a partnership resulted in the development of on-line learning modules; and
- how in-kind expertise and clinical governance was provided through WACHS and the input coordination for the non-government organisations within the aged care sector was provided through the Country WA PHN.

Aim of the online modules: To provide access to learning across all of country WA ensuring that the UHWs have the skills and competencies to assist with safe medication administration.

## Background

WAPHA oversees the strategic commissioning functions of the three Western Australian Primary Health Networks: Perth North, Perth South and Country WA.

WAPHA works with consumers, health service providers, hospitals and health professionals to better understand the community's health needs and improve access to healthcare.

This requires the health system to move to an integrated place-based model of care that results in the improved health status of the community. WAPHA provides an optimal environment for our stakeholders to come together and develop a shared perspective to collectively improve health equity and outcomes for our diverse communities.

WACHS serves a population of almost 560,000 people (21 per cent of WA's total population) dispersed over a vast geographic area covering 2.5 million square kilometres—more than 10 times the size of the United Kingdom. WACHS is made up of seven regions: South West; Great Southern; Wheatbelt; Midwest; Goldfields; Pilbara and the Kimberley<sup>2</sup>.

The proportion of the population that is ageing is growing each year. Between 2016 and 2026, the total number of Western Australians aged 80 years and over is expected to increase by more than 50 per cent. In country WA, the projected population of people 65+ is expected to increase by 3.5 per cent annually, reaching 122,000 by 2030-31<sup>1</sup>.

As the population of WA ages, so the need for skilled, flexible workers to provide care increases. Through improved longevity, health services are experiencing an increased incidence of age related chronic conditions. Increasing acuity of care needs in residential and community care is leading to an increased demand for aged care workers to have more specialised skills and knowledge. Older people living in country areas requiring more complex care have even less access to necessary services than those living in metropolitan areas, resulting in poorer health outcomes

## Rationale

Healthy ageing is about creating the right environments and opportunities that enable people to continue to live their lives as they desire. Everybody can experience healthy ageing, assisted by the development of the right partnerships in country. It requires a multi-agency approach that

maximises the upskilling of unregulated health workers in order to provide appropriate services that meet the needs of older people and ensures quality standards are met.

Resources need to be equitably available across regions, made possible by collaboration between government and non-government providers across the aged care sector in WA. Staff, who care for older people at all points in the healthcare journey, will be required to understand the specific needs of the older person, their families and carers. One of the ways in which this can be achieved is to raise staff awareness and improve their skills, knowledge and competency base of the healthcare needs of older people.

Online learning is increasing in use as the way to provide training and continuous improvement. The obvious benefits that online learning presents to organisations is its availability at any time, increased access and greater reach; reduction in costs in terms of attendees and educators travel time and time away from the workplace, standardisation for the delivered training across a wider areas and reusability.

E-learning provides the opportunity for people to learn at their own time and pace, on a one-to-one basis, as and when needed. It can be useful both for newly recruited staff and for people changing roles within an organisation that need to top up their skills and provides more time to understand the learning content (e.g. staff with low levels of English). E-learning can also provide continued access to learning resources outside of a face-to-face training environment, allowing staff to re-visit any of the case studies whenever they need to.

## Target audience

Direct Care UHWs in aged care. Culturally appropriate targeted training for aged care unregulated workforce in specific context of care delivery to residents and communities in rural and remote areas.

Since the implementation of the e-learning module, the reach has extended to interest from nursing staff from other areas of the health system and unpaid carers.

## Proposal

WACHS approached WAPHA seeking funding to support the purchase of services from ELearn Australia and an agreement to work collaboratively in customising the E learning module for the aged care sector in all of rural and remote WA.

Agreed contracted deliverables included:

- Support provided to facilitate the implementation of the UHW online module with interactive content and assessment in a safe learning environment.
- Compliance with the National and Safety Quality Healthcare Standards 2<sup>nd</sup> Edition and Aged Care Quality Accreditation Standards.
- The agreement between WACHS and WAPHA was founded on the principle that the e-learning module would be made available for all non-government organisations (NGO) aged care providers within WA.

- The establishment of a working group (including WACHS, WAPHA and NGO representation) to provide subject matter expertise, governance and direction in the development of the module.
- The working group supporting the e-learning modules consisted, through various stages, of WACHS user experts within clinical nursing, allied health, staff development, community/hospital pharmacy professions with a balanced lens on community and residential care.
- A trial period over three regions in WA: South West, Kimberley and Wheatbelt. These regions were chosen due to the number of multi-purpose service (MPS) sites (Wheatbelt and the South West), the number of government and non-government small residential facilities (Wheatbelt and the Kimberley) and the high degree of remoteness (Kimberley).
- Following the trial and satisfactory evaluation within these two regions, roll out of the e-learning module to progress to all seven regions across country WA.

## Module development

The delivery of a tailored program was supported and enabled by a WACHS-wide Learning and Management System. The online module provides an interactive content and a safe learning environment for aged care staff to improve their skills in assisting with the safe administration of medication.

The development of the module was completed in three phases:

- Preparation and prototype design and development
- Online module design and development
- Implementation and quality assurance.

Once the module was uploaded onto the WACHS LMS, WAPHA developed a page on their website, allowing linked access for all other non-government organisations. This can occur via access through the ELearn Australia website, uploading the module link onto the organisation's website, or as with WACHS, uploading the files into their own learning and management system.

## Challenges

There are some topics where healthcare professionals can only scratch the surface and aren't able to talk through issues with educators, so they truly grasp the subject matter. A lot of diversity training is now done by e-learning, but generally it doesn't allow a space for individuals to explore the concept in an interactive way that allows people to work through their internal dialogues and achieve real change. It is recognised that e-learning should never be the totality of the training provision however due to the pressures of the workload and remoteness of sites it is often the only type of learning they can undertake because of time and funding.

Many staff members indicated that they were not computer literate and also found it difficult to access support. Dispelling fear around using IT based courses and IT itself, for non-pc users and those trying to compete with a second language, is a challenge in itself.

Confidence with the use of computers and computer skills can also affect their ability to access programs and as a result their satisfaction with online learning. Also, for many people, on-line learning is perceived as an isolating experience which requires great personal motivation to undertake and complete.

Computer confidence could also be linked with needs of older employees and how their educational needs may be different to younger employees, especially in regard to accessing online education. This is also reflected in the literature, where studies have shown that older workers report that they often needed more time and support to complete online training (Pool et al, 2013<sup>3</sup>; Maor & Volet, 2007).<sup>4</sup>

## Benefits

The benefits of online learning (availability, cost, consistency and access) are well known and several studies have also shown that outcomes for online learning are equal to, or better than, face-to-face delivery methods (Thalheimer 2017) <sup>5</sup>.

Due to the tyranny of distance in WA it is difficult for educators in rural areas to reach all clinicians across such huge distances. Brunero and Lamont (2010) recognised that providing education to staff by 'in-service' is limited in appeal and effect. In-service style of education is not able to reach all staff or meet their educational needs<sup>6</sup>.

There is ongoing duplication of resources right across the sector, with varying educational institutions and organisations creating similar content which can result in reduced uptake. There is a need for collaboration and partnerships which accumulates all available resources and optimises the availability, use and distribution of collective resources in smaller rural and remote locations

Another benefit of e-learning is its rapid accessibility. With e-learning, staff can access the module immediately which stops delays in the system and is not reliant on a staff member being available to deliver the training. The need for e-learning is also justified in terms of the fact that it affords the user the opportunity to tailor their learning experience in a flexible way. This can include breaking the course up into bite-sized learning modules that are easier to digest.

There are also benefits in being able to manage compliance and professional development, both from an individual and organisational perspective. There is accountability for education being undertaken; completion rates of online learning modules are monitored in order to comply with mandatory requirements to meet internal and external accreditation processes and completion of education modules is linked to organisational goals or targets.

## Discussion

The benefits of online learning are widely recognised, both in the literature and in practice. Online learning, for rural UHWs, is seen as the way to overcome the lack of opportunities for accessing continuing professional development. Online learning provides access to information that would not otherwise have been available to staff in rural and remote areas due to the tyranny of distance.

Will Thalheimer, (2017)<sup>5</sup> conducted a thorough analysis of learning research to answer the question 'Does eLearning work?'

Thalheimer first summarised five meta-analyses that compared e-learning and learning technologies in general to facilitated classroom training. The meta-analyses found that, generally, e-learning

delivered better results than traditional classroom practice. He then went on to examine six articles that compared learning to other methods: blended learning, flipped classroom and classroom only. Again, eLearning was found to be most effective.

More in-depth research into this topic showed that the modality is not the issue in terms of actual learning effectiveness but what make e-learning effective are its design elements—that is, the learning methods used:

- Delivered learning spaced over time
- Using the right language for the right audience.
- Relevance to the role
- Develop skills
- Improve decision making
- Solve problems

**Access:** Users valued being able to access the modules whenever they had time. They also valued being able to revisit modules as many times as they liked to refresh their knowledge or clarify processes and procedures.

Related to the sub-category of access, online learning provided rural employees with the ability to acquire new knowledge and skills, which was important and valued, as it allow them to keep pace with any changes in practice required of them

Across sites and within regions, however, there are varying degrees of confidence in the use of computers and this will have a direct impact on how staff view and engage with online learning.

**Flexibility:** Users were very supportive and attached great importance to the flexibility that online learning offered. It was recognised that their busy and constantly changing work environment means that they are not able to routinely build a time to undertake online learning into their work day. Being able to access the modules at any time of the day or night, seven days per week increased their satisfaction with online learning. Linked with flexibility, is being able to return to the same program in the future and refresh and relearn subject information.

**Cost:** Cost savings as a result of the increased uptake of online learning can relate to travel, accommodation, educator costs, as well time away from the work place and backfilling of their shift, if required.

## Further applications

- Access to recognition of prior learning towards Cert 3 in Individual Support
- Useful for unpaid carers who have to manage medications for their partner/parent

## Evaluation

Data has been extracted from WACHS LMS for the number of program completions from 27/09/2018 to 10/02/2019. Within this timeframe 600 online case studies have been completed. These numbers include the testing that was carried out by WACHS Unregulated Health Workers from Sept 2018 to 13 November which was our 'go live' date. Numbers of completed courses by WACHS employees since the test period totals 558.

Below shows a breakdown of the individual modules completed to date:

Case study a) 82; Case study b) 86; Case study c) 76; Case study d) 77; Case study e) 72; Case study f) 84; Case study g) 81

Of these numbers 72 WACHS employees have completed the whole seven case studies.

Web analytics taken from the Medication Management WAPHA internet webpage, show that there has been a total of 412 page views and 303 unique page views from December 2018 to February 2019.

Since the 'go live' date in November 2018, the online module has been accessed by non-government agencies including Juniper Aged Care & Retirement (Perth), Alzheimer's WA and KinCare (located in metropolitan and regional cities throughout Australia). The courses have also been promoted by WAPHA Great Southern Regional Manager at state-wide meetings and at regional community and Residential Aged Care Facility meetings.

## Lessons learnt

- Communities benefit when stakeholders work collaboratively
- Vital to have expert users for course content collaborating to input
- Thorough testing of the module is required, especially with UHWs that are not computer savvy.

## Next steps

Further to be explored in the paper *Partners in Health* will be the collective learning around the valued resource of collaboration in creating a **Better Together!** culture in the system

Currently, we are working in partnership on the development of e-learning modules to raise awareness and knowledge in the area of Recognising, Preventing and Responding to Elder Abuse and Compulsory Reporting.

There is a broad range of stakeholders engaged in this next module, being CarersWA, Non-Government Organisations, WA Police, WA Department of Health and Advocare.

## Acknowledgements

- WACHS Clinical team
- All UHWs who tested the modules before finalising the training
- ELearn Australia and Sarah Bock (Educational Designer and Manager)
- Staff and residents of Pioneer Lodge, York.
- WAPHA staff and Kimberley NGOs
- Volunteers for Voiceover

## References

1. WACHS Health Strategy for Older People 2018-2023
2. WA Department of Treasury population forecasts for 2015 (Feb 2014). WACHS 558,726 people, metropolitan area 2,067,812 people. Over 64 million people lived in the UK at end 2014—UK Office for National Statistics (2015).
3. Strategies for continuing professional development: a biographical approach, Pool et al 2013
4. Engagement in professional online learning, Maor & Volet 2007
5. Does eLearning Work? What the Scientific Research Says! Will Thalheimer, PhD
6. Does on line learning click with nurses? A qualitative study by Kim Riley, Clinical Nurse Consultant

## Legislation

Aged Care Act 1997

Health Services Act 2016

Medicines and Poisons Act 2014

Poisons Regulations 2016 (Perth, Western Australia Government)

Poison Amendment Regulations 2010 (Perth, Western Australia Government)

## WACHS policy:

Medication Guideline for Direct Care Unregulated Health Workers

Medication Administration Policy

Clinical Escalation of Acute Physiological Deterioration including Medical Emergency Response Policy

## WA policy

OD 0484/14 Clinical Handover Policy

## Quality

National Safety and Quality Healthcare Standards 2<sup>nd</sup> Edition

Aged Care Quality Standards

Quality Care Principles 2014

## Appendix Testimonials

'I found the package helpful to reinforce my medication administration skills and establish my scope of practice clearly as an unregulated healthcare worker. It was simple and easy to navigate, and I enjoyed the interactive style of learning, great course'—Wheatbelt support worker

'I have completed the 7 courses for Medication Assistance (for the Unregulated Health Worker) and found them to be excellent. Thank you for making them easy to read and understand.

The addition of audio was brilliant as I was able to follow the instructions and the "story" of the course with ease.

Also, the fact that each course was short, but to the point, allows the concentration span to withstand. I now need to complete the practical part of this assessment.

Thank you to you and the team for your great efforts. Cheers Gail, South West Care aide (PCA).'

'I found the package helpful to reinforce my medication administration skills and establish my scope of practice clearly as an unregulated health care worker. It was simple and easy to navigate, and I enjoyed the interactive style of learning, great course!'

—Rebecca Hadley, Lodge Supervisor, Leeuwin Lodge, Augusta, South West



6<sup>th</sup> February 2019

Christine Hunter  
Senior Project Officer  
WACHS

Email: [Christine.hunter@health.wa.gov.au](mailto:Christine.hunter@health.wa.gov.au)

Dear Christine,

I would like to extend our grateful thanks to the team at the West Australian Country Health Service (WACHS) for agreeing to share your online medication training modules with us. I understand that these have been developed in line with the CHSP guidelines and are being utilised across country services to train your carers.

We have appreciated the relationship and partnership with WACHS over recent years. Your generosity in sharing this resource deepens that appreciation.

Kind regards,



Rhonda Parker  
CEO

## Presenters

**Lesley Pearson** has over 40 years' experience working within health, leading several innovative programs in the promotion and development of communities, increasing primary health access for consumers and increasing workforce capability. Lesley's current role is as the Great Southern Regional Manager for WA Primary Health Alliance. In her previous role, prior to working with the Primary Health Network, Lesley was the Director of Health Country with Silver Chain Group where her portfolios included primary health remote centres, nurse practitioners, community nursing and the Health Navigator program. Having a strong passion for health consumers led Lesley to being Executive Producer of a AFI award-winning drama facilitating person-centred learning and development. Lesley was the recipient of the 2012 National CRANApplus Remote Health Management Award, nominated for leadership and innovation in the delivery of health services to rural and remote communities.

**Christine Hunter**, Senior Project Officer, commenced with WA Country Health Service (WACHS), Aged Care Directorate in 2013 with responsibility for integrating aged care services into mainstream health and for improving equity and access to services for older people living in rural and remote Western Australia. For the last five years Christine has worked in the Aged Care Directorate, planning, developing, implementing and evaluating aged care projects across WACHS, including the development of an innovative specialist geriatric video consultation service to older people in regional, rural and remote communities in WA. The role has also comprised primary responsibility for aged care policy review, development and implementation in WA Country Health, including identifying training gaps in access to accredited, culturally appropriate education and training programs for unregulated health workers. Prior to becoming a project officer, Christine trained as a physiotherapist in the United Kingdom in 1979, immigrating to Australia in 2002. She has worked within the aged care, subacute, acute and community settings in public health and non-government organisations both in the United Kingdom and in Australia. A total of 36 years' experience has encompassed roles that focus on delivery of quality care to older people.