After Hours Triage Training and Education Program in rural South Australia

Jenny Fleming, Karen Sumner, Rural Doctors Workforce Agency, SA

ABSTRACT

The single most important factor that determines whether rural general practitioners (GPs) and their families leave country South Australia (SA) and move back to the metropolitan area, is the excessive workload and commitment to after hours. After hours is a recruitment and retention issue for both the rural medical and nursing workforce, and it is essential to address for the long-term future of the rural and remote workforce in Australia. A stable and viable medical and nursing rural workforce will support the wider health service sector in rural areas, and will contribute to sustainable rural communities.

Many rural GPs in South Australia, utilise the local hospital nurse triage system for after hours service provision, however many nurses have reported that they don’t have appropriate training and often lack confidence in after hours triage. In addition to this, there is currently no specific rural nurse triage-training program in South Australia.

The Rural Doctors Workforce Agency (RDWA), SA, in collaboration with rural GPs (including rural Divisions of General Practice), rural nurses (and rural hospitals) and the state Department of Human Services (DHS) have developed an innovative program, After Hours Triage Training and Education Program, in Rural South Australia that will enhance after hours primary care service provision through:

- improving better communication links between rural GPs and local hospital/practice based triage nurses
- providing triage training for rural nurses in SA rural hospitals and GP practices
- developing a transferable and sustainable training and collaboration model that can be applied to other areas of rural SA and Australia
- developing strong partnerships with the state Department of Human Services regarding after hours services.

This program will cover over 80% of rural SA involving over 160 nurses, 111 GPs and 21 hospitals.

A range of outcomes are expected from this Program at both the micro and macro levels. Not only will a triage training program be implemented in rural SA, and communication links between rural GPs and rural nurses improved, but the Program will develop a “blueprint” — a transferable and sustainable Training and Collaboration Model, enabling the Program to be practically applied and replicated in other communities in rural Australia.
BACKGROUND

The organisation and provision of after hours primary medical care services involves a complex set of issues\(^2\) and there are a variety of after hours service provision models currently in place around Australia. These models include GPs on call, GP co-operatives, GPs in emergency departments, GP extended hour practices, deputising services, rural hospital models and telephone triage services\(^3\).

In South Australia, the provision of after hour’s services in rural and remote areas is the responsibility of general practitioners\(^4\) as shown in Figure 1 below.

Figure 1: Arrangements for After Hours Services

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<table>
<thead>
<tr>
<th>Service Model</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roster of Doctors from Practice</td>
<td>40%</td>
</tr>
<tr>
<td>Roster of Doctors from this and other practices</td>
<td>33%</td>
</tr>
<tr>
<td>Referred to local public hospital</td>
<td>9%</td>
</tr>
<tr>
<td>Solo GP providing 100% of after hours on call</td>
<td>7%</td>
</tr>
<tr>
<td>Locum or after hours deputising service</td>
<td>4%</td>
</tr>
<tr>
<td>Missing</td>
<td>1%</td>
</tr>
</tbody>
</table>
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In the recent Rural GP Survey conducted in SA\(^5\), over 65% of South Australian rural GPs reported that their after hours workload during weeknights was greater than acceptable or excessive (see Figure 2).

Figure 2: Week Nights (Mon - Thurs)

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<table>
<thead>
<tr>
<th>Workload Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excessive</td>
<td>14%</td>
</tr>
<tr>
<td>Much more than acceptable</td>
<td>18%</td>
</tr>
<tr>
<td>More than acceptable</td>
<td>21%</td>
</tr>
<tr>
<td>Slightly More than acceptable</td>
<td>32%</td>
</tr>
<tr>
<td>Acceptable</td>
<td>9%</td>
</tr>
<tr>
<td>Missing</td>
<td>6%</td>
</tr>
</tbody>
</table>
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After hours workload were exacerbated during weekends, with 73% of rural GPs reporting that their weekend after hours workload was not acceptable or excessive\(^6\) (see Figure 3).

**Figure 3: After Hours Workload - Weekends (Friday to Sunday)**

Recent work on after hours primary medical care services in South Australia, documented rural GP views on the current model of after hours service provision in the state. There was high support from GPs for the existing model\(^7\), however it was noted that the addition of upskilling and training for triage nurses would be extremely valuable\(^8\) as would a comprehensive community education program regarding after hours services in rural areas\(^10\). This was also supported through extensive discussions with rural GPs, rural hospitals, rural Divisions of General Practice, Department of Human Services, and their regional offices in SA.

In response to this, the RDWA consulted with rural GPs, rural Divisions, South Australian Divisions of General Practice Inc (SADI), DHS and the Health Consumers of Rural and Remote Australia regarding the feasibility of addressing triage training and education in rural hospitals throughout SA. As a result, 21 rural hospitals and communities including 110 GPs and 160 nurses across 7 rural Divisions are General Practice will be involved in an **After Hours Triage Training and Education Program** in rural South Australia this year.

Rural consumers of medical services have also supported the involvement of triage nurses in the provision of after hour’s primary medical care. In the Central Grampians After Hours Medical Care Trial, it was noted that:

consumers felt a great certainty of contact using the after hours service, appreciated contacting a nurse “on duty”, rather than waking the GP. Furthermore, consumers valued a second, informed opinion when unsure of what action was required to manage the health situation.\(^11\)

**One Recommendation of this trial was:**

To maintain the effectiveness and efficiency of the nurse triage system, regular training is provided focusing on clinical areas and triage skills”. In addition to this, they required continued support from GPs.\(^12\)
Further to this, the Health Consumers of Rural and Remote Australia (HCRRRA) have expressed the need for the Rural Hospital After Hours Triage Education and Training Program.

**PROGRAM OBJECTIVES**

The SA Rural Hospital After Hours Triage Education and Training Program will enhance after hours primary care service provision in rural South Australia through:

- improving better communication links between rural GPs and local hospital/practice based triage nurses
- providing triage training for rural nurses in SA rural hospitals and GP practices
- developing a transferable and sustainable training and collaboration model that can be applied to other areas of rural SA and Australia
- developing strong partnerships with the state Department of Human Services.

**PROGRAM IMPLEMENTATION**

This program will be conducted in 7 rural Divisions of General Practice in South Australia (see Figure 4) involving 21 rural communities/hospitals, 111 rural GPs and 160 rural nurses. This project covers approximately 80% of rural South Australia ie:

- Adelaide Hills Division of General Practice
- Eyre Peninsula Division of General Practice
- Limestone Coast Division of General Practice
- Mid North Division of General Practice
- Murray Mallee Division of General Practice
- Southern Division of General Practice (rural Sector)
- Yorke Peninsula Division of General Practice
Program Management

The program will be managed by the Rural Doctors Workforce Agency and co-ordinated at the local level by rural Divisions of General Practice. To support the management of the program, an Advisory Group will be convened at strategic phases of the program. This Group will include representatives of the Rural Doctors Workforce Agency, South Australian Divisions of General Practice Inc (SADI), Department of Human Services, rural Divisions of General Practice and Health Consumers of Rural and Remote Australia (HCRRA). Others invited to participate in the Advisory Group including a rural nurse, rural GP, rural hospital representative, and Triage Trainer. In addition to this, an evaluation consultant will be invited to participate in the Advisory Group, to provide specialist input into the design and oversight of the evaluation.
The role of the Advisory Group to provide expertise for different phases of the program, in particular the development and implementation of all aspects of the triage training program. The Advisory Group will also have a key role in building sustainability and transferability into the program that will benefit other rural communities, in other states.

A Program Manager will be employed at the RDWA to oversee the development and implementation of program activities. This will include the development of a state-wide rural nurse triage training model, negotiations and liaison with all stakeholders including the state Department of Human Services and nurse triage trainers, and communication at the local, regional, state and national levels.

Program co-ordinators will be employed at each Division involved in the program to enable the activities to be implemented at the local level, including the triage training sessions, triage nurse refresher sessions, and debriefing and after hours issues sessions between GPs and triage nurses.

**Development of the After Hours Triage Training Program**

An after hours Triage Training Program for rural nurses will be conducted in 21 rural hospitals involving 160 rural triage nurses. Based on negotiations with rural GPs, rural triage nurses and rural hospitals, the most preferred mode of delivery of the training program would be at the local hospital level. Triage Trainers will be sourced from within South Australia however the Program Manager will establish links with existing organisations interstate that have developed and delivered nurse triage training programs.

An outline of a training program will be developed by the Program Manager, in consultation with the Advisory Group and Triage Trainers. Once this has occurred, the program outline will be distributed to all rural Divisions for endorsement and refinement for applicability at the rural hospital level—this will negotiated with local GPs and triage nursing staff. While the triage training program will be flexible to enable local situations to be incorporated, all training will include the following components:

**Nurse component**

It is expected that the triage nurse training component will be approximately 8 hours with one follow up/refresher sessions, of 3.5 hours each, 6 months after the initial training. Based on availability of Trainers, the refresher sessions will either be face to face or through video-conferencing. Based on previous triage training programs interstate, the following may be included in the training program:

- telephone and client presentation assessment triage including emergency management skills
- multi casualty triage
- communication skills
- protocols
• administrative issues—managing emergency situations, safety, infection control, liaison with other organisations, health professionals role in disaster and major incidents

• consumer issues.

A nurse triage refresher session will occur, 6 months after the initial training session for the nurses involved in the original workshops, by the Triage Trainer (subject to availability of the trainers involved). The purpose of the refresher sessions will be to refresh and validate skills and knowledge, problem solving and trouble shooting. In some cases where it will be difficult to co-ordinate a face to face session, video conferencing facilities will be used. These sessions will be organised by the Program Co-ordinators of each Division.

**GP component**

In addition to the After Hours Nurse Triage training workshop and refresher session for the nursing staff, the program will also enable rural GPs and nurses to meet and cover additional and ongoing issues regarding nurse triage for after hours medical services including:

• hypothetical/interactive session between rural GPs and nurses (2 hours)

• ongoing debriefing sessions between rural GPs and nurses (six monthly).

The hypothetical/interactive sessions will be facilitated by the Triage Trainer and occur in the evening following the Nurse Component of the Program.

Ongoing debriefing sessions between the GPs and triage nurses will be co-ordinated as part of the Program. It is expected that a 1.5–2 hour session every six months will be organised by the Program Co-ordinators for GPs and nurses to meet and discuss cases presenting after hours, development or refinement of after hours protocols etc. It is planned that these sessions will continue after the life of the program.

**After hours protocol development or refinement**

During the consultation process for this submission, the development or refinement of after hours triage protocols at the local level has been raised as a complementary process to the triage training workshops. As a result, following the implementation of the training workshops, 3 rural Divisions will undertake the development of after hours triage protocols or pathways within one hospital within their Division. This will enable a range of triage protocols covering a range of after hours incidences to be developed or refined, and offered to other rural hospitals involved in the project. This will also include an orientation process to after hours triage protocols for new GPs and nurses to the area.

Imperative to the development of after hours nurse triage protocols in rural hospitals will be their endorsement by the state Department of Human Services, and the Program Manager will liaise closely with them.
Development of a training/collaboration model for after hours triage services

An outcome from the Program is that a Model that incorporates the training and collaborative (nurse/GP) components for rural after hours services, will be developed. The Model will also address sustainability and transferability issues to enable other rural communities, rural Divisions and Rural Workforce Agencies to replicate some components or the entire program in other states. An evaluation expert will be involved in the program to ensure that appropriate evaluation processes and methodologies are developed and incorporated into the development of the Model.

The Program Manager will develop the Model based on all activities that will be implemented. The Model will be distributed as part of the Programs’ Communication Strategy.

Developing strategic partnerships

An integral part of this program, will be an understanding and commitment to providing ongoing support to after hours primary medical services in rural SA, by the Rural Doctors Workforce Agency, rural Divisions of General Practice and state Department of Human Services (DHS). This will assist in implementing this program throughout other rural communities in SA, and to also assist ongoing support and triage training for after hours services, for rural nurses.

The Agency has a good working relationship with DHS and will continue to foster partnerships with them, especially with regards to enhancing the provision of appropriate and accessible after hours services in rural SA.

PROGRAM EVALUATION

An Evaluation Framework will be developed in consultation with an Advisory Group, which will include an evaluation expert. It is expected that evaluation will include process (strategy evaluation), impact (objective evaluation) and outcome (program evaluation), involving the use of qualitative and quantitative evaluation tools. In particular, the evaluation of the training workshops and how they (and other program activities) have assisted in enhancing after hours primary care service provision in rural SA, and enhanced the relationships between the local GPs, triage nurses and hospitals will be documented. This will assist in developing the after hours training and collaboration model that can be used by other rural communities in Australia. The evaluation process will involve all program participants including consumers of after hour’s services.
PROGRAM OUTCOMES

- Enhanced relationships and collaboration between rural GPs and rural triage nurses.
- Improved skills and confidence of triage nurses.
- Improved rural GP satisfaction with after hours arrangements.
- Triage protocols developed or refined.
- Transferable and sustainable training and collaboration model developed.
- Strategic partnerships developed between DHAC, SADI, Rural Doctors Workforce Agency and rural Divisions of General Practice.

For further information regarding the project please contact: triage@ruraldoc.com.au.

PRESENTERS

**Jenny Fleming** has a background in science and has worked with the Federal Department of Primary Industries and Energy, Rural Division, Canberra and as a private consultant. Jenny was also the Program Development Co-ordinator for the Yorke Peninsula Division of General Practice for five years before moving to Adelaide in 1999 to take up a position with the Rural Doctors Workforce Agency. As Manager, Planning and Development, her role mostly involves implementing strategic planning processes for the Agency, development of new programs, assistance with the management of individual projects, and co-ordinates the research and evaluation efforts relating to rural medical workforce issues of the Agency. Jenny is also the Manager of the recently funded SA Rural Hospital After Hours Triage Education and Training Program.

**Karen Sumner** has been part of the Rural Workforce Agency in South Australia since its inception in 1998, both as a Board member, and more recently as the Medical Consultant. Karen is a rural medical practitioner and has worked throughout rural South Australia and is also the Medical Director of a rural Division of General Practice for the past 6 years.

Karen is a past member of the Management Committee of the State Based Organisation in SA (SADI), and until recently has been a member of the National After Hours Primary Medical Care Trials Evaluation and Policy Advisory Group, and the National Innovations Pool Selection Committee (Divisions of General Practice Program).

In addition to this, Karen facilitated the Academic Consultancy for Evaluation and Support for all rural Divisions of General Practice in South Australia (1999–2000), and was a member of the State Assessment Support Panel for the Rural Incentives Program. Karen has also completed her Certificate in General Practice Studies – Evaluation (postgraduate).
REFERENCES

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2. Pegram R (2000) After Hours Primary Medical Care Services in Australia. Department of Health and Aged Care

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5. Ibid

6. Ibid


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