

A.1 Result – General Benefits Questionnaire

Evaluation form details:

This questionnaire is used to assess the physicians' point of view on the general benefits provided by tele-consultation and e-Learning services in SPEX trials. The questionnaire should be fulfilled by a physician at a Point of Care (PoC) or at a Centre of Excellence (CoE).

Date:

2005-05-10

2005-06-23

2005-06-23

Works at

CoE 2

PoC 1

Types of referrals done

Complicated wounds: 3

Burns: 2

Types of tele-consultation

Tele-consultation: 2 e-Learning: 2 Phone and videoconference: 2 Data sharing: 2 Videoconference only: 2 Protocols' sharing: 2

2

2

2

TELE-CONSULTATION SERVICES

Excellent

Very good

Good

Regular

poor

The way the service meets my professional needs is...

2

1

The user-friendliness of the tool is...

1

1

1

Improvement suggestions:

on the way in an interactive mode between CoE and PoC.

Always

Almost always

Sometimes

Few times

Never

The service makes my work easier...

2

1

Improvement suggestions: the patient is the winner, not the CoE-doctor!

Is patient stay time being decreased?

1

1

Which clinical tasks could be performed better than today and where could "treatment quality" More patients are treated at the PoC than before.

be improved with Tele-consultation?

Better basis for a good clinical decision – and for a continuous chain of decisions without long transport of patients, and with a maintained “chain of care”. More and better surgery can be done at PoC.

Early expert evaluation.

Early screening of patients.

Possibility to take care of patients at point of care with “on-demand” support from CoE.

Which value added benefits would you expect from the tele-consultation service: What becomes possible by this technology that was impossible before? Besides patient treatment, which applications for this technology would you also need?

Better pre op-planning – more optimal preparation – optimal level of care.

Better basis for e-learning and “education within a clinical context”.

Flexibility at CoE . Immediate support at PoC.

Portable camera at point of care through 3G to computer services, wireless at CoE.

How often would you expect the tele-consultation service to be used (by yourself, by your department, by the total

No problem with the language barrier. One service every other week probably. The main conference partner would be regional.

hospital)? Who would be the main conference partners (regional, national, international)? For international use, how do you assess the importance of the "language barrier"?

1. Personally: every week.
2. By hospital if optimal implemented: several times a day.
3. By the department: repeatedly every week.
4. Language barrier may exist when directly communication with patient, but not between professionals.

On a weekly basis with regular scheduled video conferences.

On a daily basis by 3G to computer on 3G telephone communication.

On a daily basis, mail including pictures.

English will be OK.

e-Learning Tool

	Excellent	Very good	Good	Regular	poor
The way the service meets my professional needs is...	1	1		1	
Improvement suggestions: implementation is a dynamic process that is carried through in reciprocal relations between CoE and PoC.					
The user-friendliness of the tool is...		2	1		

Improvement suggestions: see above.

	Always	Almost always	Sometimes	Few times	Never
The service makes my work easier...		1	2		

Improvement suggestions: main task is to make patient care better!!

Which clinical tasks could be performed better than today and where could "treatment quality" be improved with e-Learning service?
 Wound care in general care/primary care assessment of a wound is the basis for care. Early identification of wound healing impediment will increase quality of care and possibility for aggressive interventions.
 Improved knowledge among students and at the PoC.

Which value added benefits would you expect from the e-Learning service: What becomes possible by this technology that was impossible before? Besides patient treatment, which applications for this technology would you
 We use a program See and Share. The clinic of excellence can directly on my computer screen show how for example how they want me to perform a flap.
 Optimised contact between different health care providers will increase mutual trust that patients are handled optimally.
 Students get the chance to see larger number of patients with wounds at one time.

also need?

Possibility to follow “real-life” problems and problem solving.

From your point of view, How can pedagogy of courses may be improved? And planning of courses? Are the contents effective for your professional development?

The perceived need is a driving force.

Focus on this!

Best e-learning is which is part of the clinical context.

Move interactivity.

Puts greater demand on broadband connection.

A.2 Result – Organisation Aspects Questionnaire

Evaluation form details:

This questionnaire is used to assess the physicians' point of view on the organizational aspects related to tele-consultation and e-Learning services in SPEX trials. The questionnaire should be answered by a physician at a PoC or at a CoE.

Date:

2005-06-23

2005-06-23

2005-05-10

Works at

CoE: 2

PoC: 1

Types of referrals done

Complicated wounds: 3

Types of tele-consultation

Tele-consultation:	e-Learning:	Phone and videoconference:	Videoconference only:	Data sharing:	Protocols' sharing:
3	3	3		3	3

**TELE-CONSULTATION
AND ELEARNING
SERVICES**

Excellent Very good Good Regular poor

In my opinion, the way the service meets organizational needs is... 1

2

Improvement suggestions:

on the way in an interactive mode between CoE and PoC.

Further development of 3G technology to computer – in progress.

Do you think the organization is ready for the services? If not, what are the organization needs? Yes, with one exception: financing/refunding.

Yes.

needs?

Is the objective of the services clear? Does it fit with the organizational strategy?

Yes.

Relatively.

How do you think organizational aspects in the hospital should change to meet the needs of the services (tele-consultation and eLearning)?

1. Infrastructure is there!
2. Technical specialist with open eyes to rapidly improving technical possibilities that will decrease cost.
3. Services/maintenance require a mutual perceived benefit in both financially and patient care.

How new tasks should be performed? Who performs or should perform the new tasks?

Scheduled time for tele-consultations on demand (once per week).

Organizing e-Learning for students (scheduled every 2 week).

Who is or should be responsible for services' maintenance?

Which value added benefits would you expect from the tele-

Decreased patient transport, optimized spread of excellence in order to allow for equal quality care irrespective of location of patient (geographically or within a complex health

consultation service: What has become possible with this technology that was impossible before? Besides patient treatment, which applications for this technology would you also need?

care system).

Direct problem solving at first contact between doctor/patient.

No travelling. No waiting time for expert evaluation. Less number of consultations per patient.

Educational aspect.

A.3 Result - User satisfaction questionnaire

eTEN – eHealth Programme

SPEX

User satisfaction questionnaire

Name of the Physician:

Specialisation:

Location (CoE/PoC):

Country:

Dear Doctor,

The SPEX Consortium would very much appreciate if you could answer this questionnaire once you have used SPEX service for a period of minimum one month (preferably two-three months). This will help us to better enhance this new service to your expectation. We guarantee that all your responses will be treated anonymously and no reference to any individual will be traceable from the results collected.

We thank you for your cooperation.

The SPEX Consortium

Works at

CoE: 1

PoC: 1

Specialisation:

Plastic Surgery: 2

Never	Once per fortnight	Once per week	Several times a week	Every day	Never
		1	1		

How many times do you use
SPEX services?

	Very bad	Bad	Neither bad nor good	Good	Very good
How do you rate the <u>friendliness</u> of the SPEX services?				1	1

No: 1
 Would you recommend any changes to the services?
 Yes: 1, Increased interactivity with shared documents

	Never	Rarely	Sometimes	Often	Always
Do you think that the suggested <u>Guidelines/Protocols</u> were relevant to your learning needs?			1	1	

	No	One	Several	Many	A lot
Has SPEX already affected the way you treat your patients?			1	1	

	<u>No</u>	<u>1-2</u>	<u>3-5</u>	<u>6-8</u>	<u>Over 9</u>
How many patient care decision have you changed in the last two weeks as a result of using SPEX? Example: request for additional examinations, change of therapy etc.		1			1

	Decrease	Slightly decrease	No impact	Slightly improve	Significantly
Do you consider that SPEX services improve the quality of your knowledge?				1	1

	Very unsatisfied	Unsatisfied	Neither unsatisfied nor satisfied	Satisfied	Very satisfied

What is your global opinion on the SPEX services?

Do you have any other recommendation/comments to improve the system?

Thanks to the various technical platforms there is no need to have a scheduled time every time you need a consultation. What I mean is that it's crucial that you have different ways to be able to reach. SPEX have given us that tool! Fixed time for consultations when with increasing number of PoC. Increased use of 3G and in near future high speed 3-G standard HSDPA for flexible, bedside consultations in between fixed consultations.