



Survey 1: The use of technology for health care provision by care homes for older adults

Thank you for your interest in completing this survey. The survey is part of a PhD project looking at the use of telemedicine for remote health care provision for older adults in care homes.

The reason you have been asked to take part is because you have been identified as a care home manager caring for people over the age of 65 within the Yorkshire and Humber Region.

*The aim of the survey is to **establish the care needs** of the **residents in homes** across the region and to understand **how health care is currently accessed**. I'm interested in whether your home has used technology such as **videoconferencing** to access health care or whether this has been considered.*

*The survey should only take **10-15 min** to complete and all surveys **returned** within **2 weeks** will be entered in to a **PRIZE DRAW**.*

*If you have any **questions** please call: **xxxxxxxxxx** or e-mail: **LKNewbould1@shef.ac.uk***

Thank you again for your participation

*Please provide your postcode and name of the care home to consent to taking part in the research (*compulsory field):*

*Name of care home

Address _____

*Postcode:

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*Date completed __/__/____

About the home/staff

The following section aims to explore the background to your care home, the staff employed and the residents you accommodate.

1. Is your home: (please tick (✓) one of the following)

☐ Private sector ☐ Local Authority ☐ Voluntary/not for profit

2. Is your home: (please tick (✓) one of the following)

☐ Nursing Residential ☐ Both nursing and residential

3. **APPROXIMATELY** how many hours are contracted to each of the following per week?

Senior staff (Management): _____ Care staff: _____

Nursing staff: _____ Domestic staff: _____

About the Residents

4. Current age range of residents - -

5. How many residents live at the home currently?

6. **APPROXIMATELY** what % or number of the residents do you accommodate from the following backgrounds:

Ethnic group	%/No.
White (White British; White Irish; White Gypsy or Irish Traveller; Any other White background)	
Mixed (White and Black Caribbean; White and Black African; White and Asian; Any other Mixed background)	
Asian or Asian British (Indian; Pakistani; Bangladeshi; Chinese; Any other Asian background)	
Black or Black British (Caribbean; African; Any other Black background)	
Arab or other ethnic group (Arab, Any other)	

About your residents' health care needs

This section asks for information about health care needs of your residents and how these are currently met.

7. **Tick (✓)** which of the conditions your residents have:

Condition	(✓)
Elderly frail (e.g., prone to falls with multiple health needs)	
Elderly Mentally Impaired (EMI) (e.g., dementia or head injury)	
Physically disabled or immobile (e.g., Parkinson's, arthritis or fracture)	
Cardiovascular (e.g., heart condition or stroke)	
Diabetes	
Pressure ulcers	
Incontinence	
Palliative care	
Other- please give examples;	

8. How often does the home access the following services?
(please tick (✓) the **one** closest answer for each of the following)

Service	Never	Not relevant	Less than once a week	Once a week	Several days a week	Everyday
Onsite nursing staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GP clinic (provided in the home)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GP scheduled visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GP unscheduled visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GP out of hours (Phone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Care Practitioner (ECP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
District nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
999 Emergency services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Through ICT service (e.g., telephone advice line/videoconferencing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Is your home currently implementing any initiatives to help reduce hospital admissions? (e.g., Airedale Hospital assess to admit scheme or having CCG owned beds)

If yes, please specify:_____

10. Does your home have access to (please tick (✓) one for each of the following);

Wi-Fi	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Broadband	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
A telephone line	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

11. Have you ever heard of videoconferencing being used as a method of health care delivery?

☐ Yes ☐ No

If yes, please select what purposes you are aware of it being used in:

- ☐ Diagnosing
- ☐ Assessing
- ☐ Developing a treatment plan
- ☐ As a triage/gateway to other services
- ☐ Offering advice
- ☐ Managing long term conditions
- ☐ Rehabilitation
- ☐ Other, please specify _____
- ☐ Other, please specify _____

Videoconferencing

The following section is about the use of videoconferencing as a method of health care delivery for older adults in care homes.

Videoconferencing is a two way audio-visual link between a care home and a health care provider at a remote site. It usually involves the use of a web camera and either a laptop or desktop computer, however other hand held devices such as tablets and phones can also be used to facilitate this type of consultation.



(Permission given by Airedale NHS Trust Foundation to use this photo)

The rest of the questionnaire is split in to two sections:

Section 1: Homes that **do not currently use** videoconferencing

Section 2: Homes that **are currently using** videoconferencing

Section 1: Please complete if you are working in a home that **does not currently use videoconferencing**

1. Which statement best describes your views on videoconferencing; (Please tick (✓) one)

- ☐ I would sign up today if I could
☐ I would love to have it, but will be unable to due to circumstances outside of my control
☐ I would consider it, but I need to know more
☐ I am not sure it would be worth having as we already have systems that work
☐ I think it is unnecessary and would only install it if it was made compulsory

1a. If videoconferencing **IS** something you think would be a good idea, what are the main reasons? (Please rank the statements (1-7) with 1 being the reason the best describes your reason and 7 being the reason the statement that least describes your reason)

- | | |
|---|---|
| <input type="checkbox"/> I think it would help reduce cost | <input type="checkbox"/> I think it would improve the quality of care for the resident |
| <input type="checkbox"/> I think it may improve staff confidence in delivering care | <input type="checkbox"/> I think we would get faster access to services we require |
| <input type="checkbox"/> I think it will help reduce staff work load | <input type="checkbox"/> I think it would be as reliable as a face to face visit, so it can only help |
| <input type="checkbox"/> I think it will help keep residents out Of hospital | <input type="checkbox"/> Other, please specify: _____ |

1b. If videoconferencing **IS NOT** something you think would be a good to introduce to your home, what are the main reasons? (Please rank the statements (1-7) with 1 being the reason the best describes your reason and 7 being the reason the statement that least describes your reason)

- | | |
|--|---|
| <input type="checkbox"/> We already have adequate access to services | <input type="checkbox"/> I do not have confidence in the technology |
| <input type="checkbox"/> Training new staff will be time consuming and problematic | <input type="checkbox"/> Our residents would not be comfortable being seen this way |
| <input type="checkbox"/> I am not convinced it will help save money | <input type="checkbox"/> I think it's a threat to the definition of 'good care' |
| <input type="checkbox"/> I think it will be more time consuming than current methods | <input type="checkbox"/> Other, please specify: _____ |

Any other comments:

THANK YOU FOR COMPLETING THE SURVEY

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Section 2: Please complete if you work in a home that is **currently using** videoconferencing*This section aims to explore how you use videoconferencing in health care and your experiences in using it.*

1. Name of the videoconferencing service provider if known _____

2. What date was it installed _/_/_/_/_/_

(If you can only remember the year then please just provide this)

3. Please rank the main reasons why your home decided to install videoconferencing?

(Please rank the statements (1-7) with one being the reason the best describes your reason and seven being the reason the statement the least describes your reason)

- | | |
|--|---|
| <input type="checkbox"/> Would help reduce cost | <input type="checkbox"/> Improve the quality of the care for the residents |
| <input type="checkbox"/> Improve staff confidence | <input type="checkbox"/> Get faster access to services required |
| <input type="checkbox"/> in delivering care | <input type="checkbox"/> As reliable as face to face visits, so thought it could only |
| <input type="checkbox"/> Reduce staff work load | <input type="checkbox"/> help |
| <input type="checkbox"/> Help keep residents out of hospital | <input type="checkbox"/> Other, please specify; _____ |

4. The hardware is composed of the following:

(please tick (✓) all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Laptop and web camera | <input type="checkbox"/> Computer and web camera |
| <input type="checkbox"/> Tablet (e.g. iPad) | <input type="checkbox"/> Phone |
| <input type="checkbox"/> Other, please specify: _____ | |

5. Do residents use the system without help?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

6. How would **you** rate videoconferencing for the following:
(Please tick (✓) one for each purpose given)

	Very Good	Good	Poor	Very Poor	N/A
Diagnosing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing a treatment plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a triage/gateway to other services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offering advice/support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing long term conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. In which condition(s) is it used?
(Please tick (✓) all that apply)

Condition

- ☐ Elderly frail (e.g., prone to falls with multiple health needs)
- ☐ Elderly Mentally Impaired (EMI) (e.g., dementia or head injury)
- ☐ Disabled (e.g., Parkinson's)
- ☐ Cardiovascular (e.g., heart condition or had a stroke)
- ☐ Diabetes
- ☐ Pressure ulcers
- ☐ Incontinent
- ☐ Palliative care
- ☐ Other- Please specify;

8. Approximately how often is videoconferencing used?
(Please tick (✓) one)

- ☐ Once a year
- ☐ Once a month
- ☐ Less than once a week
- ☐ Less than 3 days a week
- ☐ Everyday
- ☐ More than once a day

9. When is videoconferencing most likely to used?

(Please tick (✓) all relevant)

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning (06:01-12:00) AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon (12:01-18:00) PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening (18:01-00:00) PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Night (00:01-06:00) AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anytime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. How would **you** rate videoconferencing as a method of health care delivery? (Please tick (✓) one)

Very poor

☐

Poor

☐

Good

☐

Very good

☐

Don't know

☐

12. In your opinion what effect has videoconferencing had on the following:
(Please tick (✓) one)

	Much Improved	Slightly Improved	No effect	Slightly Worse	Much Worse
Clinical outcomes of residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resident comfort when accessing health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health of residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resident satisfaction with care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workload	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuity of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any other comments:

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Themes developed from interviews			Survey informed by			Data collected in the survey
Super theme	Main theme	Subtheme	Interview	Review	SIG	How reflected in survey
A. Basic Information	About the home	Funding, type of home, staff	Yes			Homes were asked about how they were funded and about initiatives to reduce hospital admissions. (See 'Access to Services'). They were asked to identify as a nursing home, residential, or both, and to report on the number of staff employed in each position
	About the residents	Age range of residents, no. of residents, resident needs, ethnic background	Yes	Yes		Respondents were asked to report on age range, ethnicity of residents and number of residents currently living at the home. Residents needs were covered in morbidities
B. About residents healthcare needs	Morbidities	Cardiovascular, diabetes, elderly frail, elderly mentally impaired, palliative, physically disabled or immobile	Yes	Yes		Respondent were asked to report how many respondents had the following healthcare needs. This was followed up in section by asking in what conditions videoconferencing in used to help manage these conditions
	Access to services	In hours (999, clinic, district nurses, ECP, GP, nursing staff, visiting hospital, outpatient appointments	Yes	Yes		Respondents were asked how often they used the following services
		Out-of-hours (999, ECP, GP, through ICT)	Yes	Yes		Respondents were asked how often they used the following services
		Initiatives to reduce admissions	Yes	Yes		Respondents asked if they were implementing any initiative to reduce hospital admissions and what they were
C. The use of technology to access healthcare	Access to/ knowledge of technology/situations used	Wi-Fi/broadband/telephone line	Yes	Yes		Asked to report on whether or not they had access to: Wi-Fi/broadband/telephone line
		Videoconferencing, telephone call, sending images or video, sending physiological data, telecare, health informatics	Yes	Yes		Respondents asked to report on whether or not: they thought these technologies would be useful, they would be able to acquire it, they were aware of them, and they used them. They were then asked for a description of use. This section was informed by the interviews and scoping review
D. The use of Videoconferencing	Do not use VC	Perceptions	Yes	Yes		Respondents asked to select a statement on their view of videoconferencing
		Reasons not to install VC (residents not comfortable being seen in this way, staff training, quality of care, technical equipment, reasons outside their	Yes	Yes	Yes	Respondents were asked to rank statements on reasons why they would not implement videoconferencing. (These were incorporated)

		control, reasons outside their control)				
		Reason to install it (cost, quality of care, reduce admissions, staff workload, staff confidence, staff view)	Yes	Yes	Yes	Respondents were asked to rank statements on reasons why they would implement videoconferencing. (These were incorporated)
	Use VC	Details of service	Yes	Yes		Respondents were asked which service they used (hard/software included) and how long they had used it for
		Reason to install it (increase access to services)	Yes	Yes	Yes	Respondents were asked to rank the reasons for installing the system. (These were incorporated alongside reasons previously given in the corresponding section above)
		Reasons not to install it (confidence in system, staff view, technical equipment)	Yes	Yes	Yes	These categories were included in the questions where respondents were asked to rate different aspects of videoconferencing
		Perceptions	Yes	Yes		Respondents were asked to rate different aspects of the system, as well as their opinion on the effects of videoconferencing
E. Practicalities			Yes	Yes		Advice was considered alongside survey development