# Neuromuscular clinic Telehealth survey

Please complete the survey below.

Thank you!

Participant Information and Consent

The Neuromuscular team at the Royal Children's Hospital is interested in your experience of the neuromuscular clinic's conversion to Telehealth during the COVID-19 period and views on how you want to access healthcare for your child in the future.

Your views will help us understand family preferences for how your child receives care (e.g. Telehealth versus face-to-face), costs and savings to families, and will help us improve care for your child.

What are we asking you to do?

We are asking families to fill out a one-off survey. This survey will take about 8-10 minutes to complete, and asks about your experience during your most recent Neuromuscular clinic appointment as well as some questions about you and your child. Please try to answer all the questions as best you can.

There will be no direct benefit to you or your child by participating in this research, however we will use the outcomes of this study to inform future access to Telehealth and improve the use of Telehealth for patients.

Participation in this study is voluntary and unpaid. You may withdraw from the study at any time. If you do not take part, or choose to withdraw, it will not affect your access to the best available treatment options from your health care providers.

All survey responses are anonymous. This means that no one, including the research team, will know who has completed the survey. Any information collected as part of this project will be treated as confidential and can only be accessed by the project research team and The Royal Children's Hospital Human Research Ethics Committee.

At the end of the project, we will send a summary of what we find to your health care provider, as well as use the results to inform advocacy for the provision of care via Telehealth. You and your child will not be identifiable in any results.

The patient completing this survey needs to be over 18 years old OR have their parent or guardian consent to them completing this survey?

Are you over 18 years old OB

the parent or guardian of a patient attending the RCH Neuromuscular Clinic?

⊖ Yes ⊖ No

You will need your parent to consent you in order to continue.

Please refer to the previous question when your parent is present.

Thank you

Do you consent to participating in this survey?

 $\bigcirc$  Yes  $\bigcirc$  No

#### TELEHEALTH DEFINITION

to be completed

18/06/2020 11:35



What role did you play in the neuromuscular clinic appointment you attended?	<ul> <li>Parent or guardian</li> <li>Patient</li> <li>Clinician</li> <li>Administrator</li> </ul>
What is your child's age in years?	$ \begin{array}{c} 0 \\ 0 \\ 1 \\ 2 \\ 3 \\ 4 \\ 5 \\ 6 \\ 7 \\ 8 \\ 9 \\ 10 \\ 11 \\ 12 \\ 13 \\ 14 \\ 15 \\ 16 \\ 17 \\ 18 \\ 9 \\ 20 \\ 21 \\ \end{array} $

Do you consent to your child answering a few questions at the end of this survey?

⊖ Yes ⊖ No



Demographics/background	
To the best of your knowledge, what is your child's diagnoses?	<ul> <li>BMD</li> <li>CMT</li> <li>Congenital myopathy</li> <li>Collagen VI</li> <li>DMD</li> <li>FSHD</li> <li>Myotonic dystrophy</li> <li>SMA</li> <li>Unsure</li> <li>Other</li> </ul>
Comment	
To determine whether you would be eligible for medicare-funded seeking your postcode. You do not have to provide this information if you don't want to. Postcode:	J Telehealth under the pre-COVID-19 scheme, we are
At RCH Neuromuscular Clinic, have you had both face-to-face and Telehealth/video appointments? (not limited to COVID-19 period)	○ Yes ○ No
How long (in hours) does it generally take to travel to clinic at RCH?	<ul> <li>Less than 1 hour</li> <li>1</li> <li>2</li> <li>3</li> <li>4</li> <li>5</li> <li>6</li> <li>7</li> <li>8+</li> </ul>
What was the purpose of your neuromuscular clinic appointment during the COVID-19 period?	<ul> <li>Routine clinical care</li> <li>Research</li> <li>Requested appointment outside routine schedule of care</li> <li>Unsure</li> </ul>
Did you receive a Telehealth/video appointment or a phone call?	<ul> <li>Telehealth/video</li> <li>Phone call by choice</li> <li>Phone call when Telehealth/video did not work</li> <li>Both video and phone call</li> </ul>
What was it like to access the technology for your Telehealth/vic         (slide the scale)         Very difficult         Neutral         Very easy	leo appointment?
(Place a mark on the scale above)	
Rate the quality of the connection during your appointment. Very bad Neutral Very good	
(Place a mark on the scale above)	

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Thinking about the Telehealth/video appointment:			
what issues (if any) did you experience with the connection? (select all that apply)			
<ul> <li>Internet connection dropped out</li> <li>Poor sound</li> <li>Poor video (visuals)</li> <li>No issues</li> <li>Other</li> </ul>			
Comment			
Thinking about the phone call, what issues if any did you experience with the connection? (select all that apply)			
<ul> <li>Poor sound</li> <li>Phonecall dropped out</li> <li>Incorrect phone number</li> <li>Poor phone service</li> <li>Other</li> <li>No issues</li> </ul>			



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Telehealth experience	
How many different clinicians did you see on your child's neuror	nuscular clinic day?
□ unsure □ 2 □ 3 □ 4 □ 5 □ 6 □ 7	
Which clinicians did you see? (select all that apply)	
<ul> <li>Neurologist</li> <li>Respiratory doctor</li> <li>Orthopaedic doctor</li> <li>Therapist</li> <li>Dietitian</li> <li>Psychiatrist</li> <li>Genetics counsel</li> <li>Unsure</li> </ul>	
Approximately how long on average were each of your appointments?	<ul> <li>Less than 20 mins</li> <li>30 mins</li> <li>40 mins</li> <li>50 mins</li> <li>More than 60 mins</li> </ul>
Did all your booked appointments go ahead as planned?	⊖ yes ⊖ no ⊖ unsure
If no, how many were you NOT able to connect with?	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Why were you unable to connect?	<ul> <li>Technical issues</li> <li>Waiting too long</li> <li>The clinician was not there</li> <li>We had to leave</li> <li>Other</li> </ul>



Was your child in the room for the neuromuscular clinic appointments?

# ⊖ Yes ⊖ No

Did not interact

How would you describe your child's interaction with doctors and therapists during the Telehealth appointment? Able to fully

interact

Neutral 

(Place a mark on the scale above)

# Often hospital appointments are stressful. We would like to know if Telehealth makes this better or worse for you.

Describe your stress-level when attending neuromuscular clinic via TELEHEALTH Very stressful Neutral No stress

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(Place a mark on the scale above)

Were there any specific factors that added stress to your TELEHEALTH appointments? (select all that apply)	<ul> <li>The Telehealth technology</li> <li>I was stressed related to COVID-19</li> <li>I always find neuromuscular clinic stressful</li> <li>I didn't find the appointment stressful</li> <li>Managing child wellbeing or behaviour</li> <li>Talking to someone through a screen</li> <li>Unsure</li> </ul>
	☐ Unsure ☐ Other

Please specify

Describe your stress Very stressful	-level when attend Neutral	ing neuromuscular c No stress	linic via FACE-TO-FACE appointments
	(Place a mark on	the scale above)	
Are there any specif your face-to-face ap (select all that apply	pointments?	stress to	<ul> <li>hospital parking cost</li> <li>transport to hospital</li> <li>waiting</li> <li>the hospital environment</li> <li>moving your child from room to room</li> <li>leaving home</li> <li>talking to someone in person</li> <li>infection concerns</li> <li>child wellbeing or behaviour</li> <li>I always find neuromuscular clinic stressful</li> <li>I never find neuromcular clinic stressful</li> <li>Other</li> </ul>

Please specify



## We would like to get your thoughts on how your child responds to different clinic settings.

Based on what you saw and to the best of your knowledge:

Please rate your child's level of stress when attending a neuromuscular clinic appointment via TELEHEALTH

Very stressed Neutral No stress

(Place a mark on the scale above)

Based on what you see and to the best of your knowledge:

Please rate your child's level of stress when attending a neuromusuclar clinic appointment FACE-TO-FACE Very stressed Neutral No stress

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(Place a mark on the scale above)

In your opinion, which RCH clinical appointment method does your child engage best with?

○ Face-to-face	○ Telehealth
O Both, equally	0
⊖ Unsure	0



Neurology	Very dissatisfied	Neutral	Very satisfied
		(Place a mark o	on the scale above)
Respiratory (Breathing)	Very dissatisfied	Neutral	Very satisfied
	(Place a mark on the scale above)		
Orthopaedics (Bones)	Very dissatisfied	Neutral	Very satisfied
			on the scale above)
Psychiatry	Very dissatisfied	Neutral	Very satisfied
	(Place a mark on the scale above)		
Physiotherapy	Very dissatisfied	Neutral	Very satisfied
	(Place a mark on the scale above)		
Occupational Therapy	Very dissatisfied	Neutral	Very satisfied
	(Place a mark on the scale above)		
Dietitian	Very dissatisfied	Neutral	Very satisfied
	(Place a mark on the scale above)		
Nurse (NB: this contact usually occurrs before the clinic			
day, whilst setting up the appointment)	Very dissatisfied	Neutral	Very satisfied
	(Place a mark on the scale above)		
Social work	Very dissatisfied	Neutral	Very satisfied
	(Place a mark on the scale above)		
All my child's issues were addressed during our Telehealth session/s	<ul> <li>I agree</li> <li>I partly agree</li> <li>I do not agree</li> <li>Unsure</li> </ul>		
Genetic couselling	Very dissatisfied	Neutral	Very satisfied
			on the scale above)

How satisfied were you with your TELEHEALTH appointments?

Please explain your answer



### Nearly there! Thank you for continuing.

Was your child asked to do anything active during the Telehealth session?

For example: perform a movement of activity

 $\bigcirc$  Yes  $\bigcirc$  No

Can you provide an example?

In which clinical appointment/s was your child asked to demonstrate an activity or movement? (select most relevant) Neurology
 Respiratory
 Orthopaedics
 Dietitics
 Physiotherapy
 Occupational Therapy
 Psychiatry
 Genetic counselling
 Social Work
 Nurse



Considering your experience with Telehealth:	
Would you choose to engage in a Telehealth appointment INS	TEAD of face-to-face at any stage in the future?
○ No ○ Neutral ○ Yes	
For which clinicians do you think you would you choose Telehealth appointments over face-to-face? (select relevant boxes)	<ul> <li>Neurologist</li> <li>Respiratory specialist</li> <li>Orthopaedic specialist</li> <li>Dietitian</li> <li>Physiotherapist</li> <li>Occupational Therapist</li> <li>Psychiatrist</li> <li>Genetic counsellor</li> <li>Social Worker</li> <li>Nurse</li> <li>None</li> </ul>
Overall, how would you rate the value of your Telehealth neuronal management? No value Neutral Very valuable (Place a mark on the scale above)	omuscular clinic appointment to your child's healthcare
Were there advantages of a Telehealth appointment?	
○ Yes ○ No	
Please select all that apply	<ul> <li>No travel time</li> <li>I didn't have to pay for parking</li> <li>I didn't have to organise childcare for other children</li> <li>A better way to engage with health professional</li> <li>Not having to wait in waiting room</li> <li>I prefered being in my environment</li> <li>I was more comfortable</li> <li>Improved wellbeing</li> <li>Easier communication</li> <li>Easier scheduling</li> <li>Other</li> </ul>
Comment	
For future neuromuscular clinic appointments, which would you prefer? (select one)	<ul> <li>100% face-to-face appointments</li> <li>50/50 Telehealth and face-to-face</li> <li>Both but more face-to-face than Telehealth</li> <li>Both but more Telehealth than face-to-face</li> </ul>
Regarding our shift to Telehealth during the COVID-19 period, share? Please comment	are there any further considerations you would like to



Welcome to the kid and adolescents's survey! Depending on your age and reading level you may need your parents to help you. There is no wrong answer to these questions, just choose what fits you the best. There are 7 questions. The questions are for kids aged 8 years-21 years old

Please note: most of the questions are supported by pictures. For our older adolescents, these may seem childish. We apologise for this, but needed to make sure we could reach a wide range of ages.

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Were you in the room for you Telehealth appointments?

○ Yes □□○ No □□



How old are you?

 $\bigcirc 8 \ \bigcirc 9 \ \bigcirc 10 \ \bigcirc 11 \ \bigcirc 12 \ \bigcirc 13 \ \bigcirc 14 \ \bigcirc 15 \ \bigcirc 16 \ \bigcirc 17 \ \bigcirc 18 \ \bigcirc 19 \\ \bigcirc 20 \ \bigcirc 21$ 

Please choose the face that best shows:

How you felt during your Telehealth appointment (



Please choose the face that best shows:

How you feel when you come to the hospital to have your appointments face-to-face? ([[[]]])



Please choose the face that best shows:

How hard it is to talk to people from the hospital over Telehealth (



Please choose the face that shows:

How hard it is to talk to the people at the hospital face-to-face  $\hfill\hfi$ 



Which type of appointment would you choose next time?

- Face-to-face [][]]
   Telehealth [][]]
   Some face-to-face and some Telehealth [][]] + [][]]



Is there anything else you would like to say?



### **Clinician Survey**

Which discipline do you represent in the neuromuscular clinic?

Neurologist
 Respiratory specialist
 Orthopaedic doctor
 Psychiatrist
 Physiotherapist
 Occupational Therapist
 Dietitian
 Nurse
 Social worker

○ Genetic counsellor

O Other

Details

Where were you situated for your Telehealth consultations?

🔾 At RCH

○ At my private residence

 $\bigcirc$  A mix of RCH/home depending on the week and circumstances

○ Other

Please specify

When considering most of you appointments over this period, how did you conduct your sessions?

○ Telehealth/video

 $\bigcirc$  Phone call by parent choice

O Phone call when Telehealth/video did not work

○ Both Telehealth/video and phone call

○ Neither, I was not able to make contact

The video calls were predominantly conducted via:

○ RCH Telehealth/video

 $\bigcirc$  Webex

O Zoom

⊖ FaceTime

Other

Please detail





Technology funct	ionality		
How easy was it to ad Very difficult	ccess the techno neutral	Very easy	
	(Place a mark o	on the scale above)	
Rate the quality of th Very poor	Neutral	Very good	
What, if any, issues did you experience with the Telehealth connection? (select all that apply)		e with the	<ul> <li>Internet connection dropped out</li> <li>Poor sound</li> <li>Poor visuals via camera</li> <li>No issues</li> <li>Other</li> </ul>

Other, please comment



# Scheduling

Generally speaking, how many patients have you typically been scheduled to see through Telehealth for NM clinic each week?

 $\bigcirc$  1-3  $\bigcirc$  4-7  $\bigcirc$  8-11  $\bigcirc$  12-15  $\bigcirc$  16+

Which diagnoses did you see via Telehealth?

(select all that apply)

	)
CMT	
	genital myopathy
	agen VI
	)
🗌 FSH	D
🗌 Муо	tonic dystrophy
SMA	L .
🗌 Othe	er

Please specify

Approximately; how	long on avera	age were your	Telehealth appoi	ntments?

☐ < 20 mins</li>
 ☐ 20 mins
 ☐ 30 mins
 ☐ 40 mins
 ☐ 50 mins
 ☐ 60 mins
 ☐ >60 mins

Did all your scheduled Telehealth appointments go ahead as planned?

$\bigcirc$	Yes
Ο	No

If no, how many were you unable to connect with?

Ο	1
Ο	2
Ο	3
Ó	4
Ó	>5

Why were you not able to connect?

(select all that apply)

Technical issues
 Waiting too long for patient availability
 Families not online eg: FTA
 Other

Please detail



#### Clinician and family engagement with Telehealth platform

Overall, how well did the parents/caregivers family engage with the medical/allied health staff during the Telehealth/phone appointments? Disengaged Neutral Fully engaged

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(Place a mark on the scale above)

Overall, how well did the child engage with the medical/allied health staff during the Telehealth/phone

appointments? Disengaged Neutral Fully engaged

(Place a mark on the scale above)

Describe your level of stress in engaging with Telehealth as a health professional

No stress at all Neutral Very stressful

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(Place a mark on the scale above)

Are there any particular reasons that you can identify, that add stress to NM clinic (or part there of) being provided through Telehealth?

<ul> <li>Telehealth software</li> <li>Logging on, eg: passwords</li> <li>Worry about the connection</li> <li>Scheduling of appointment times</li> <li>Amount of appointments to get through</li> <li>Provision of good clinical service</li> <li>Extra workload</li> <li>Discomfort from looking at screen for extended periods</li> <li>I was stressed because of COVID-19</li> <li>Others</li> </ul>

Please comment

Thinking about your level of stress with Telehealth, how does this compare to face-to-face?

 $\bigcirc$  Telehealth was more stressful than face-to-face  $\bigcirc$  Face-to-face is more stressful than Telehealth  $\bigcirc$  Both produced a similar stress-level whether Telehealth or face-to-face  $\bigcirc$  Unsure



Clinician satisfaction and preferences				
How satisfied were you with the Telehealth NM clinic?				
Dissatisfied Neutral Satisfied				
(Place a mark on the scale above)				
Please rate, to what degree were you:				
Able to address the patient's issues during your Telehealth ap	ppointment?			
issues were All of the issues				
address Neutral were address				
(Place a mark on the scale above)				
Please rate, to what degree were you:				
Limited by the Telehealth platform to address patient issues of	during the appointment?			
Not limited at Completely				
all Neutral limited				
(Place a mark on the scale above)				
Were you able to undertake any physical or functional assess	ments with your patients over Telehealth?			
$\bigcirc$ Yes, with all that required it $\bigcirc$ Yes, with some that requ $\bigcirc$ Not Applicable	ired it $\bigcirc$ No, not with any			
If yes, to what degree was this effective? Ineffective Neutral Effective				
(Place a mark on the scale above)				
How likely is it that you would choose to engage in a Telehea Very unlikely Neutral Very likely	Ith appointment instead of face-to-face?			
(Place a mark on the scale above)				
Overall, how would you rate the value of your Telehealth approved the value of your Telehealth approved the value of your Telehealth approved to the value of yo	ointment to your patient's healthcare management?			
all Neutral Very valuable				
(Place a mark on the scale above)				
· · ·				
Were there any benefits to a Telehealth appointment over fac	ce-to-face?			
⊖Yes ⊖No				
If yes, what were they?	<ul> <li>Time management</li> <li>Access to patient</li> </ul>			
Please select all that apply	<ul> <li>Access to patient</li> <li>Flexible working arrangements</li> <li>Patient attendance</li> <li>Others</li> </ul>			
Please comment				



In the future, what would you prefer?	
$\bigcirc$ 100% face-to-face $\bigcirc$ 50/50 Telehealth and face-to-face $\bigcirc$ Both, but more Telehealth than face-to-face $\bigcirc$ Unsure	$\bigcirc$ Both, but more face-to-face than Telehealth
Is there anything more you would like to include about your ex service to Telehealth/phone contact during the COVID-19 pane Please comment	
Did the change from face-to-face consults to Telehealth for NM	1 clinic affect your role?
⊖ Yes ⊖ No	
In what way did it impact on you?	<ul> <li>Increased workload</li> <li>Needed to upskill</li> <li>Increased contact with families</li> <li>Increased time supporting patients to access platform</li> <li>Time spent troubleshooting issues with Telehealth</li> <li>TIme spent supporting clinicians with change</li> <li>New scheduling pressures</li> <li>Increased administritive demands</li> <li>Others</li> </ul>
Please detail Describe your level of stress in the first month when convertin Very stressfull Neutral No stress (Place a mark on the scale above)	ng the clinic from face-to-face to a Telehealth platform
Which items (if any) increased your level of stress when converting NM clinic to Telehealth?	<ul> <li>Learning new processes</li> <li>Learning the Telehealth platform</li> <li>Contacting families</li> <li>Communicating the change to families</li> <li>Communicating the change to clinicians</li> <li>Scheduling</li> <li>I was stressed about COVID-19</li> <li>Working remotely</li> <li>Connecting to hospital software (eg: intranet, neuro drive etc)</li> <li>Unsure</li> <li>Others</li> <li>I did not experience stress with converting the clinic to Telehealth</li> </ul>
Please detail	
Describe the stress-level you experience when the clinic is con Very stressful Neutral No stress	nducted over Telehealth week-to-week currently

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(Place a mark on the scale above)



Which items (if any) increase your level of stress when conducting the weekly NM clinic via Telehealth onogoing?	<ul> <li>Remote coordination on the clinic day</li> <li>The Telehealth platform</li> <li>Contacting families</li> <li>Communicating about Telehealth with families</li> <li>Communicating about Telehealth with clinicians</li> <li>Scheduling</li> <li>I am stressed about COVID-19</li> <li>Unsure</li> <li>Other</li> <li>I do not experience stress with Telehealth clinics</li> </ul>
Please detail	
Describe your stress level when clinic is conducted face-to-face Very stressful Neutral No stress	
(Place a mark on the scale above)	
Which (if any) increase your stress level when you are conducting NM clinic face-to-face?	<ul> <li>Scheduling clincians</li> <li>Scheduling families</li> <li>Finding families in waiting room</li> <li>Finding clinicians</li> <li>Coordinating clinicians</li> <li>Communication with families</li> <li>Commnication with clinicians</li> <li>Resource limitations of A5 clinic area</li> <li>Unsure</li> <li>Other</li> <li>I do not experience stress with face to face NMC</li> </ul>
Please detail	
Which format would you prefer?	<ul> <li>All face to face</li> <li>All telehealth</li> <li>Both, but with more face to face</li> <li>Both, but with more telehealth</li> <li>Unsure</li> </ul>

Is there anything else you would like to tell us about your experience with converting the NM clinic to Telehealth over the COVID-19 period



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