



Advancing Care Coordination
and Telehealth Deployment

ACT Programme

Annex A to Deliverable 6:

**Programme Manager Baseline Survey
for regional data collection**

Due date of deliverable: Month 27
Actual submission date: 1 June 2015



DOCUMENT INFO

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Documents history

Document version #	Date	Change
V0.1		Starting version, template
V0.2		Definition of ToC
V0.3		Draft version, contributions by partners
V0.4		Updated draft
V0.5		Final draft
Sign off		Signed off version
V1.0		Approved Version to be submitted to EU

Document data

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Delivery date	1 June 2015

Keywords

Keywords	
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Survey for regional data collection

This questionnaire must be completed by someone who has a good overview of the Programme in this region

Please complete one questionnaire for EACH Programme

Overview

Name of programme:

Name of Region:

About you

Job title:

Duration of employment (years):

Your main responsibilities/and role in the service (please tick all that apply)?

- *Co-ordination of care*

- *TH*

- *Manager of a service*

- *Healthcare professional delivering care*

- *Other (please specify below):*



A. Target population – who is your Programme for (i.e. COPD, diabetes, multimorbidities)?

1. Please provide a brief description of your Programme:

2. Which patient groups use your Programme?

3. At what stage do patients enter your Programme (please tick all that apply)?

Preventative?

At risk?

Newly diagnosed?

Chronic?

Disease Management?

Palliative?

Recovery/Rehabilitation?

Other (please specify below)?

4. How many patients are you recruiting onto the programme?:

5. How many in patients were recruited in Year 1?:

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6. Is this Programme a pilot?

Yes

No

7. If NO, is your Programme an established part of your health service?

Yes

No

8. Who co-ordinates your care programme (please describe below)?



B. Who is involved in your Programme ?

9. Who is involved in delivering your Programme (tick all that apply)?

GP/Primary care?	Community care?
Urgent care?	Out of hours care?
Hospital planned care?	Social care?
Other (please specify below)?	

9a. Has there been support for your Programme?

Yes No

If YES, 9b) where has this support come from (tick all that apply)?

Senior government? Local government?
hospital management? Clinical director?
Frontline staff? Other (please specify below)?

10. Which care setting is your Programme designed for (tick all that apply)?

GP/Primary care?	Community care?
Urgent care?	Home re?
Out of hours care?	Hospital planned care?
Social care?	Other (please specify below)?



11. How is this care programme co-ordinated (tick all that apply)?

-
- Formal written description of care pathway (i.e. Guideline or Protocol)
- Regular staff meetings?
- A manager overseeing service?
- Internal audit?
- Other (please describe below)?

11a) If you have a programme Guideline or Protocol, are there mechanisms by which it could be changed/improved?

Yes No

If YES, 11b) what are these mechanisms i.e. Review of outcomes at set times (please describe below)?

12. Who does the main care provider exchange information with (tick all that apply)?

Department?	Hospital?
GP/Primary Care?	Pharmacies?
Informal care givers?	Patient?
Social care?	Other (please specify below)?

13. How often does the main care provider exchange information with other care providers?

- Daily?
- Weekly?
- Monthly?
- In relation to specific readings only?
- Other (please describe below)?



14. Are their clear lines of responsibility for the provision of patient care to the patient?

Yes No

If YES, please describe below:

15. Who initiates/co-ordinates appointments for the patient across different services?

Department?	Hospital?
GP?	Pharmacies?
Informal care givers?	Primary care (please specify below)?
Other (please specify below)?	

16. Did you assess the overall level of demand for your Programme before you began?

Yes No

If YES 16a) how was the level of demand established i.e. via a survey; from patient lists (please describe below)?

16b) Who manages the demand for the programme (tick all that apply)?

GP/Primary care?	Secondary care?
Social Worker?	Case Manager?
Other (please specify below)?	



17. Does your care programme consider multi morbidities?

Yes No

If Yes 17a) How are multi-morbid outcomes defined? (please describe below)

17b) Are the multi morbidities you are treating defined?

Yes No

If YES, please describe below:

18. Is there a demand for specialist support (for example, polypharmacy and/or multimorbidity)?

Yes No

If YES, 18a) how do you manage this specialist support (please describe below)?



Training

19. Is there training to equip staff with the knowledge and skills they require to deliver the CC or TH Programme? [If you train only in CC OR in TH please identify]

Yes No

If YES 19a) How much training do staff receive (please specify below)?

19b) How often does training happen (please specify below)?

19c) What is covered in the training (please summarise below)?

19d) Which staff receive training (please specify below)?

19e) Is the content and methods tailored to the needs of different professional groups and staff grades i.e. senior/junior medical staff?

Yes No

Any further comments:



19f) Do staff have the opportunity to feedback on the effectiveness of training at a later date?

Yes No

Any further comments:

20. Are staff members involved in training or supporting their colleagues?

Yes No

Any further comments:

21. Is staff awareness of the Programme evaluated regularly?

Yes No

If YES, 21a) Are evaluation findings acted upon ?

Yes No

Any further comments:



22. Is staff satisfaction of the Programme evaluated regularly?

Yes No

Any further comments:

23. Were there any barriers to implementing the Programme (i.e. organisational, cultural)?

Yes No

If YES, 23a) what barriers were there (please describe below)?

24. Are there organisational incentives to change practice (financial benefits or otherwise) publicised to staff members?

Yes No

25. Is there a strategy to capture and share examples of benefits or helpful working practices?

Yes No



C. Outcomes

Patients

26. Does the patient (or where appropriate, informal carer) provide an overall evaluation of their care in the Programme?

Yes No

If YES, 26a) how?

- Patient questionnaire?
- Patient interview?

- Other (please specify below)?

27. How are patient outcomes defined and measured (tick all that apply)?

- Patient feedback?
 - verbal
 - Proms i. e. Quality of life
 - Symptom reports
- Mortality rates?
- Morbidity rates?
- Visits to the hospital
- Overall health care usage
- Extent of patient coverage?

Other (please describe below)



28. Are you measuring patient adherence?

Yes No

If YES, 28a) How are you measuring adherence?

28b) How frequently do you measure adherence?

28c) Is adherence a key outcome?

29. How frequently do you evaluate outcomes?

- Daily?
- Weekly?
- Monthly?
- Other (please specify below)?

Staff

30. Is staff performance assessed?

Yes No

If YES, 30a) how is performance assessed? (please describe below)



31. How frequently do you evaluate staff outcomes?

- Daily?
- Weekly?
- Monthly?
- Other (please specify below)?

Programme outcomes

32. Who monitors Programme outcomes (please describe below)?

33. How are Programme outcomes defined and measured (tick all that apply)?

- Staff feedback?
- Patient outcomes?
- Financial targets?
- Other (please describe below)?

34. Are there financial consequences for poor performance?

Yes No

If YES, please describe below:



35. Are rewards given for good service?

Yes No

If YES **35a) what rewards are given? (please describe below)**

35b) Which outcomes are rewarded? (please describe below)

36. How frequently do you evaluate outcomes?

- Daily?
- Weekly?
- Monthly?
- Other (please specify below)?



D. Content

37. What areas does your Programme cover in relation to the patient?

Education?	Exercise?
Diet?	Prevention?
Adherence?	Patient self-care?
Patient empowerment (please specify)?	Smoking cessation?
A combination of the above (please specify)?	Other (please specify below)?

38. How are these aspects measured (please specify)?

39. If your Programme involves patient appointments, how are these appointments made?

- Via telephone?
- Online system?
- Other method (please specify below)?



40. Are patients able to book themselves in and monitor appointments?

Yes No

41. Is the Intervention Programme documented in a manual?

Yes? No?

Frequency of Care

42. Does the service operate 24/7?

Yes No

If YES 42a) Is the service reduced over weekends?

Yes No

IF YES please expand below:

If NO, 42b) What provision is available overnight (please specify)?



43. Is there demand for urgent care?

Yes No

44. Is there demand for episodic care?

Yes No

45. Is there demand for post-discharge follow-up?

Yes No

46. Does the Programme include self-management, self care, or patient empowerment?

Yes No

If Yes, please give further details below:

47. How is self-management/empowerment monitored?

Patient survey?

Staff survey?

Monitoring outcomes?

Extent of patient coverage?

Patient behaviour?

Other (please specify below)?



48. How are the self management aspects of the Intervention success defined?

Number of patients treated?	Positive patient feedback?
Assessment of self care behaviours	Reductions in mortality
Reduced hospitalisation	Reduced overall health care utilisation
Evidence of financial saving?	Other (please specify below)?

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49. What are the behavioural aspects to the self care/management/empowerment aspect of the intervention? (Tick all that specifically apply to this Programme)

Exercise?	Diet?
Smoking Cessation?	Alcohol reduction?
Adherence?	Overall patient self-care?
Other (please specify below)?	

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50. How frequent does the care provider communicate with patients?

Hourly?

Daily?

Weekly?

Monthly?

Other (please specify below)?



51. Is level of patient satisfaction with communication channels monitored?

Yes No

If YES, **51a) how is it monitored (tick all that apply)?**

- Patient questionnaire?
- Patient interview?
- Other (please specify below)?

52. Is shared decision making part of the Programme?

Yes No

If YES, **52a) who else – other than the patient - is involved (tick all that apply)?**

GP/Primary care?	Secondary care?
Social Worker?	Case Manager?
Specialist TH company managing service?	Other (please specify below)?



53. Do patients engage in self monitoring?

Yes No

If YES, 53a) how often do they monitor?

Hourly	Daily
Weekly	Monthly
Other (please specify below?)	

54. What is your target to respond to patient monitoring (please specify below)?



E. Electronic Patient Records (EPR)

55. Does your service use EPR (Electronic Patient Records)?

Yes No

If YES, 55a) what information is stored in EPR (please describe below)?

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56) Who has access to EPR?

Primary care?	Secondary care?
GP?	Case Manager?
Social Worker?	Other (please specify below)?

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F. TeleHealth (TH)

57. Does your service utilise Telehealth, Telecare or Telemedicine [hereafter referred to as TH]?

Yes No

If YES, please continue with TH Section below. If No, please go on to Co-ordinated Care section on p. 32.

58. Who is responsible for responding to TH data...? (please tick all that apply)

GP/Primary care?	Secondary care?
Call centre?	Case Manager?
Social Worker?	Other (please specify below)?

59. How is this made clear to all involved in care pathway (please specify)?



60. Are other parts of the service made aware that Telehealth is being used (for example, if TH service is used in hospitals, are GPs made aware)?

Yes No

61. If YES, how are they made aware (describe below)?

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62. Is the Programme a 24/7 service?

Yes No

63. Who monitors patient progress (tick all that apply)?

GP/Primary care?	Community care?
Urgent care?	Out of hours care?
Hospital care?	Social care?
Informal carer?	Other (please specify below)?

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64. What are the range of responses to a TH transmission (tick all that apply)?

Call carer?	Call ambulance?
Ask for repeat reading?	Book appointment?
Telephone advice?	Recommendation to seek medical advice?
GP?	Other (please specify below)?

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65. What determines the response (tick all that apply)?

- Automated algorithm?
- Review by clinician?
- Other (please describe below)?

66. Are the lines of responsibility clear to all in the care programme?

Yes No

If NO, why not (please describe below)?

67. Who takes legal/clinical responsibility for responses to TH information?

Healthcare Trust?	GP/Primary care?
Secondary care?	Social Worker?
Case Manager?	Other (please specify below)?



Organisation

68. Who trains health care professionals in TH?

Specific licensing body?	Healthcare Trust?
GP/Primary care?	Secondary care?
Case Manager?	Other (please specify below)?

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69. Who owns the data?

Healthcare Trust?	GP/Primary care?
Secondary care?	Patient?
Case Manager?	Other (please specify below)?

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70. Who ensures data quality?

Healthcare Trust?	Specialised company?
IT support?	GP/Primary care?
Secondary care?	Case Manager?
Other (please specify below)?	

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71. Who can access the data?

Healthcare Trust?	Specialised company?
IT support?	GP/Primary care?
Secondary care?	Case Manager?
Other (please specify below)?	

72. Can patients access data?

Yes No

If YES, 72a) What information goes to the patient (please specify)?

If NO, 72b) why not?

73. Are there expert patient groups or TH support services?

Yes No



74. Is there a business model to support organisational structures involved in the provision of TH?

Yes No

If YES, 74a) how do they provide support (please describe below)?

75. What devices does your Programme deploy i.e. Blood pressure monitor; Falls monitor; Movement sensors etc (please describe below)?

76. Do all patients receive the same device?

Yes No

If NO, 76a) please explain criteria for patients to receive different devices (please expand below)?

77. Are patients trained to use devices?

Yes No



78. Is the patient required to transmit data?

Yes No

If YES, 78a) please describe below what this involves for the patient?

78b) What type of data is transmitted (please specify)?

- Symptoms?
- Questionnaires?
- Clinical data (i.e. blood glucose)?
- Other (please describe below)?

78c) Who receives this transmitted data? (Please specify below)?

Installation of TH

79. Who installs TH devices (please specify below)?



80. Who decides on installations/uninstalling (please specify below)?

81. What is the time from referral to installation (please specify below)?

82. How much time is needed for installation (please specify below)?

83. How are technical issues reported (please specify below)?

84. Who responds to technical issues (please specify below)?

85. How are decisions made to remove equipment (please specify below)?



Interoperability

86. Does the technology used in the Programme allow information to be reported between care providers?

Yes No

87. Does the technology used in the Programme allow information to be shared between care providers?

Yes No

88. Does the technology used in the Programme allow information to be reported between care providers and patients?

Yes No

89. Does the technology used in the Programme allow information to be shared between care providers and patients?

Yes No

90. Does the technology used in the Programme allow information to be reported between care providers and patient family members?

Yes No

91. Does the technology used in the Programme allow information to be shared between care providers and patient family members?

Yes No

92. What types of communication with the patients does TH allow (please tick)?

Text messages?

Video?

Email?

Phone call?

Other (please specify)?



Financial Alignment and Incentives

93. Are there funding agreements specific to TH?

Yes No

If YES, 93a) what are they (please describe below)?

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If NO, 93b) why not (please describe below)?

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94. Are there financial incentives to use TH?

Yes No

If YES, 94a) what are the financial incentives (please describe below)?

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94b) Who receives financial incentives?

Healthcare Trust?	GP/Primary care?
Secondary care?	Case Manager?
Social Worker?	Other (please specify below)?



95. Are the financial incentives related to outcomes?

Yes No

If YES, 95a) what outcomes (please specify)?

96. Is there a business model to facilitate financial alignment/incentives?

Yes No

If YES, 96a) how will this business model fulfill these aims (please describe below)?

Administration Efficiency

97. Who co-ordinates data sharing?

Healthcare Trust?	Specialised company?
IT support?	GP/Primary care?
Secondary care?	Case Manager?
Other (please specify below)?	



98. How are users (patients) registered?

- Via a single service?
- Multiple times with each service involved?
- Other (please specify)?

99. Have there been any problems with registration?

Yes No

If YES, please describe below:



G. Co-ordinated Care (CC)

I00. Who is responsible for CC treatment... (please specify below)?

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I01. Who leads CC treatment....?

GP/Primary care?	Secondary care?
Case Manager?	Social Worker?
Other (please specify below)?	

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I02. Is this clear to all involved in care programme?

Yes No

If NO, I02a) why not (please specify)?

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I03) Are there formal procedures for CC?

Yes No

If YES I03a) is there a formal decision making process?

Yes No



I03b) Does one service take the lead on decision making?

Yes No

I03c) How are decisions reviewed (please describe below)?

I04. What services are involved in the delivery of this Programme (please describe below)?

I05. How often do all the services meet together – Please describe schedule of meetings below:



I06. Do the different services have their own team meetings?

Yes No

If YES, I06a) How often do different services meet?

I06b) who initiates meetings?

I06c) Are patients involved?

Yes No

I07. If you are using TH, is it integrated with your Coordinated Care?

Yes No

If YES, I07a) how is TH integrated (please describe below)?



Financial Alignment and Incentives

I08. Are there funding agreements specific to CC?

Yes No

I09. Are there financial incentives?

Yes No

If YES, I09a) what are the financial incentives (please specify)?

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I09b) Who receives financial incentives?

Healthcare Trust?	GP/Primary care?
Secondary care?	Case Manager?
Social Worker?	Other (please specify below)?

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I 10. Are the financial incentives related to outcomes?

Yes No

If YES, I 10a) what outcomes are relevant to financial incentives (please specify)?

I 10b) Who benefits financially (please specify below)?

I 11. What is the reimbursement model?

Budget?	Fee-for-service?
Casemix?	Fee-for-value?
Capitulation?	Other (please specify below)?

I 12. Is there a business model to facilitate financial alignment/incentives?

Yes No

If YES, I 12a) how will this business model fulfil these aims (please specify)?



Organisation

I 13. Are patients involved in CC?

Yes No

If NO, I 13a) why not (please describe below)?

If YES, I 13b) how are they involved (please describe below)?

I 14. What role does the patient or informal caregiver have in the management of CC (please specify)?

I 15. Is there a new role or function in the organisation for co-ordination of care on this programme?

Yes No

If YES, please specify:



I 16. Is there the equivalent of a steering committee with patient/carer representatives?

Yes No

I 17. Are there expert patient groups or support group services?

Yes No

I 18. Who co-ordinates data sharing?

Healthcare Trust?	Specialised company?
IT support?	GP/Primary care?
Secondary care?	Case Manager?
Other (please specify below)?	