



MBTelehealth Evaluation: Final Report

Volume II: Appendices

**Prepared by Infotelmed Communications Inc
Revised version submitted April 15, 2003**

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**APPENDIX I-A
MBTELEHEALTH EVALUATION RESEARCH PARTICIPANT INFORMATION
AND CONSENT FORM - ADULTS**

Principal Investigator: Dr. Ray Postuma, Medical Director MBTelehealth Rm 536 Fifth Floor John Buhler Health Centre 715 McDermot Ave, Winnipeg MB, R3E 3P4; Phone: (204) 787-4203. You may also contact Liz Loewen, Network researcher, at: (204) 975-7756.

Co-Investigator: Infotelmed Communications Inc. c/o Kaisa McCandless, Study Coordinator/Research Assistant, Dept. Graduate Program in Communications, McGill University Rm W225 853 Sherbrooke St. W. Montreal Quebec, H3A 2T6; Phone: (514) 398-3247

Participant Name: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> Date of Birth (dd/mm/yyyy) _____

PLEASE TAKE YOUR TIME TO READ THIS CONSENT FORM AND DISCUSS ANYTHING YOU DO NOT UNDERSTAND WITH THE TELEHEALTH COORDINATOR.

1. Purpose of the Evaluation

We are asking you to participate in an evaluation of the telehealth system. The purpose of this project is to see whether telehealth suits the health care needs of people in Manitoba. It is part of a project that is being done in 21 communities in Manitoba. About 650 Manitobans will participate in this evaluation.

2. Study Procedures

If you take part in this study:

- you will be asked fill out a short questionnaire to tell us about how you liked or didn't like using telehealth (this will take about 5 to 10 minutes).
- the telehealth coordinator will fill out an electronic form about what happened in your visit here today: who was here, what type of care was provided (for example, whether any medication was

prescribed), and whether there will be a follow-up with telehealth or not. If you speak to a doctor, specialist or counselor using the telehealth system today, the coordinator in their office will also fill out a form. These forms will help us keep track of how the telehealth system is being used.

NO INFORMATION ON YOUR SPECIFIC HEALTH CONDITION, TREATMENT OR MEDICATION WILL BE ON THESE FORMS: THE INFORMATION IS FOR GENERAL PURPOSES ONLY.

Participation in the evaluation will be for any telehealth visits you have until February 2003.

Each time you use the telehealth system again, the coordinator will fill out a form. She/he will put the same special code on all of your forms so that we can keep track of how the telehealth system is used over time. You will not have to do anything for these forms.

The information will be sent to a central database with information about all the other times telehealth is used. **YOUR NAME OR ANY OTHER IDENTIFYING INFORMATION WILL NOT BE PUT ON ANY OF THE FORMS: NO ONE OUTSIDE THE TELEHEALTH OFFICE WILL KNOW ANYTHING ABOUT YOUR VISITS THERE. ONLY YOUR SPECIAL CODE WILL GO ON THE FORM AND ONLY THE COORDINATOR WILL KNOW YOUR CODE.**

You are free to participate in this study or not, and if you do, you have the right to stop being in it at any time. If you decide you no longer want to be in the evaluation at your next visit, just tell the coordinator and you will be taken out of the evaluation.

3. Risks and Benefits

There are no risks or costs to you personally for participating in the evaluation. There are no direct benefits or payments to you from participating in this evaluation study. We hope the information learned from this study will benefit your community by helping to improve health services in the future.

4. Privacy and Confidentiality

If you decide to participate in this evaluation, your privacy will be protected in the following ways:

- a. Your name or any other identifying information will not be kept in any of the recorded information.
- b. Only information grouped together will be reported in any publication or report: no individuals will be described.

We promise to make every effort to keep your personal information confidential, but cannot absolutely guarantee it if we are required by law. The University of Manitoba Health Research Ethics Board may ask to look at the evaluation data to make sure that quality standards are being met.

5. Questions

If you have questions about telehealth, we encourage you to contact:

Liz Loewen, Network Researcher, Phone: (204) 975-7756

OR

Kaisa McCandless, Study Coordinator/Research Assistant,

Phone: (514) 398-3247.

If you have questions about your rights as a research participant, you can contact The University of Manitoba, Bannatyne Campus Research Ethics Board Office at (204) 789-3389

Do not sign this consent form unless you have had a chance to ask questions and have received satisfactory answers to all of your questions.

If you wish, you can get a summary of the evaluation's results. Check here if you wish to receive a summary: __, and please write your mailing address on the coupon on the last page. We will mail you a summary when the study is finished, in April 2003.

Statement of Consent

I have read this consent form. I have had the opportunity to discuss this focus group study with the evaluator. _____.
I have had my questions answered by them in language I understand. The risks and benefits have been explained to me. I understand that I will be given a copy of this consent form after signing it. I understand that my participation in this focus group study is voluntary and that I may choose to withdraw at any time. I freely agree to participate in this focus group study.

I understand that information regarding my personal identity will be kept confidential, but that confidentiality is not guaranteed.

I authorize the inspection of any of my records that relate to this evaluation by The University of Manitoba Research Ethics Board, for quality assurance purposes.

By signing this consent form, I have not waived any of the legal rights that I have as a participant in an evaluation research study.

Participant signature _____

Date _____

Participant printed name: _____

I, the undersigned, have fully explained the relevant details of this focus group study to the participant named above and believe that the participant has understood and has knowingly given their consent.

Printed Name: _____

Date _____

Signature: _____

Role in the study: _____

TRANSLATOR'S DECLARATION: (IF APPLICABLE)

To the best of my knowledge I have translated the contents of the above consent to

_____ (client or client's alternate)
accurately. I believe the client/client's alternate understood.

Name: _____
Printed Name Signature

Date: _____



- I wish to receive a summary of the study results when it is finished, in April 2003.

Name: _____

Address _____



**APPENDIX I-B
MBTELEHEALTH EVALUATION RESEARCH PARTICIPANT INFORMATION
AND CONSENT FORM - CHILDREN**

Principal Investigator: Dr. Ray Postuma, Medical Director MBTelehealth Rm 536 Fifth Floor John Buhler Health Centre 715 McDermot Ave, Winnipeg MB, R3E 3P4; Phone: (204) 787-4203. You may also contact Liz Loewen, Network researcher, at: (204) 975-7756.

Co-Investigator: Infotelmed Communications Inc. c/o Kaisa McCandless, Study Coordinator/Research Assistant, Dept. Graduate Program in Communications, McGill University Rm W225 853 Sherbrooke St. W. Montreal Quebec, H3A 2T6; Phone: (514) 398-3247

<p>Participant Name:</p> <hr/> <p>Date of Birth (dd/mm/yyyy)_____</p>

PLEASE TAKE YOUR TIME TO READ THIS CONSENT FORM AND DISCUSS ANYTHING YOU DO NOT UNDERSTAND WITH THE TELEHEALTH COORDINATOR.

1. Purpose of the Evaluation

We are asking you, on behalf of your child, to participate in an evaluation of the telehealth system. The purpose of this project is to see whether telehealth suits the health care needs of people in Manitoba. It is part of a project that is being done in 21 communities in Manitoba. About 650 Manitobans, both adults and children, will participate in this evaluation.

2. Study Procedures

If you take part in this study on behalf of your child:

- you will be asked fill out a short questionnaire to tell us about how you liked or didn't like using telehealth for your child (this will take about 5 to 10 minutes).
- the telehealth coordinator will fill out an electronic form about what happened in your child's visit here today: who was here, what type of care was provided (for example, whether any medication was

prescribed), and whether there will be a follow-up with telehealth or not. If your child is seen by a doctor, specialist or counselor using the telehealth system today, the coordinator in their office will also fill out a form. These forms will help us keep track of how the telehealth system is being used.

NO INFORMATION ON YOUR CHILD'S SPECIFIC HEALTH CONDITION, TREATMENT OR MEDICATION WILL BE ON THESE FORMS: THE INFORMATION IS FOR GENERAL PURPOSES ONLY.

Participation in the evaluation will be for any telehealth visits your child will have until February 2003.

Each time your child uses the telehealth system again, the coordinator will fill out a form. She/he will put the same special code on all of your child's forms so that we can keep track of how the telehealth system is used over time. You will not have to do anything for these forms.

The information will be sent to a central database with information about all the other times telehealth is used. **YOUR CHILD'S NAME OR ANY OTHER IDENTIFYING INFORMATION WILL NOT BE PUT ON ANY OF THE FORMS: NO ONE OUTSIDE THE TELEHEALTH OFFICE WILL KNOW ANYTHING ABOUT YOUR CHILD'S VISITS THERE. ONLY YOUR CHILD'S SPECIAL CODE WILL GO ON THE FORM AND ONLY THE COORDINATOR WILL KNOW THIS CODE.**

You are free to participate in this study or not, and if you do, you have the right to stop being in it at any time. If you decide you no longer want your child to be in the evaluation at your next visit, just tell the coordinator and your child will be taken out of the evaluation.

3. Risks and Benefits

There are no risks or costs to your child for participating in the evaluation. There are no direct benefits or payments to your child from participating in this evaluation study. We hope the information learned from this study will benefit your community by helping to improve health services in the future.

4. Privacy and Confidentiality

If you decide to participate in this evaluation, your child's privacy will be protected in the following ways:

- a. Your child's name or any other identifying information will not be kept in any of the recorded information.
- b. Only information grouped together will be reported in any publication or report: no individuals will be described.

We promise to make every effort to keep your child's personal information confidential, but cannot absolutely guarantee it if we are required by law. The University of Manitoba Health Research Ethics Board may ask to look at the evaluation data to make sure that quality standards are being met.

5. Questions

If you have questions about telehealth, we encourage you to contact:

Liz Loewen, Network Researcher, Phone: (204) 975-7756

OR

Kaisa McCandless, Study Coordinator/Research Assistant,
Phone: (514) 398-3247.

If you have questions about your child's rights as a research participant, you can contact the University of Manitoba, Bannatyne Campus Research Ethics Board Office at (204) 789-3389

Do not sign this consent form unless you have had a chance to ask questions and have received satisfactory answers to all of your questions.

If you wish, you can get a summary of the evaluation's results. Check here if you wish to receive a summary :___ , and please write your mailing address on the coupon on the last page. We will mail you a summary when the study is finished, in April 2003.

Statement of Consent

I have read this consent form. I have asked the telehealth coordinator _____any questions I have, and I understand the answers. The risks and benefits have been explained to me. I understand that I will be given a copy of this consent form after I sign it. I understand that my participation in this evaluation on behalf of my child is voluntary and that I can stop participating at any time. I freely agree to participate in this evaluation.

I understand that my child's personal information will be kept confidential, but that confidentiality is not guaranteed.

I authorize the University of Manitoba Research Ethics Board to look at my child's evaluation data to make sure quality standards are being met.

By signing this consent form, I have not given up any of my child's legal rights.

Parent/legal guardian's signature _____

Date _____

Parent/legal guardian's printed name: _____

Child's assent:

The study was explained to me. I agree to participate.

Child's signature _____

Date _____

Child's printed name: _____

I, the undersigned, have fully explained the relevant details of this research study to the participant named above and believe that the participant has understood and has knowingly given their consent

Printed Name: _____ Date _____

Signature: _____

Role in the study: _____

TRANSLATOR'S DECLARATION: (IF APPLICABLE)

To the best of my knowledge I have translated the contents of the above consent to

_____ (client or client's alternate) accurately. I believe the client/client's alternate understood.

Name: _____
Printed Name Signature

Date: _____



I wish to receive a summary of the study results when it is finished, in April 2003.

Name: _____

Address: _____



**APPENDIX I-C
MBTELEHEALTH EVALUATION RESEARCH PARTICIPANT INFORMATION
AND CONSENT FORM –
FOCUS GROUP PARTICIPANTS**

Principal Investigator: Dr. Ray Postuma, Medical Director MBTelehealth Rm 536 Fifth Floor John Buhler Health Centre 715 McDermot Ave, Winnipeg MB, R3E 3P4; Phone (204) 787-4203. You may also contact Liz Loewen, Network researcher, at: (204) 975 7756.

Co-Investigator: Infotelmed Communications Inc. c/o Kaisa McCandless, Study Coordinator/Research Assistant, Dept. Graduate Program in Communications, McGill University Rm W225 853 Sherbrooke St. W. Montreal Quebec, H3A 2T6, Phone: (514) 398-3247

Participant Name: _____
Location: _____

You are being asked to participate in a focus group study. Please take your time to review this consent form and discuss any questions you may have with the study staff. This consent form may contain words that you do not understand. Please ask the evaluation study staff to explain any words or information that you do not clearly understand.

2. Purpose of the Focus Group

This focus group is part of the evaluation of the telehealth system. The purpose of this evaluation is to see whether telehealth services meet the needs of patients in Manitoba. Twenty-one communities in Manitoba are participating. A total of approximately 8-10 patients will participate in a maximum of 8 different focus groups.

3. Study Procedures

If you take part in this study: you will participate in a focus group that will take about 90 minutes. You will need to come to the health centre to participate.

A focus group is a group discussion on a specific topic. The topic of the discussion will be the telehealth system. There will be three parts: in the first, participants will discuss the health care they usually receive, and how telehealth fits in. In the second, they will talk about the experiences they have had using telehealth: how it makes them feel about the care they are getting and how it affects any costs that they might have in getting health care. The last part will be a discussion of how the MBTelehealth system can be improved.

The other participants in the group will also be people who have used the telehealth system.

If all the participants agree, the discussion interview will be tape recorded. The tape will be used to make a summary of the discussion but will be destroyed after that. If you or any other participant does not wish the interview to be tape-recorded, the interviewer will take notes. **YOUR NAME OR ANY OTHER IDENTIFYING INFORMATION WILL NOT APPEAR ON ANY OF THE DOCUMENTS.**

The focus group will take place in December 2002 or January 2003.

If you wish, you can obtain a summary of the evaluation's results. Check here if you wish to receive a summary: _____, and please provide a mailing address on the coupon on the last page. We will mail you a summary when the study is finished, in April 2003.

4. Risks and Discomforts

There are no risks or discomforts to you personally for participating in this focus group.

5. Benefits

There may or may not be direct benefit to you from participating in this focus group study. We hope the information learned from this study will benefit your community by helping to improve health services in the future

6. Payment for participation

You will receive no payment or reimbursement for any expenses related to taking part in this focus group.

7. Alternatives

If you decide not to participate in this focus group or decide to stop participating in it, this will not in any way affect the telehealth services you or your community will receive.

8. Privacy and Confidentiality

Information gathered in this focus group study may be published or presented in public forums, however your name and other identifying information will not be used or revealed. Despite efforts to keep your personal information confidential, absolute confidentiality cannot be guaranteed. Your personal information may be disclosed if required by law.

If you decide to participate in this focus group, your privacy will be protected in the following ways:

- a. It is important that the discussion happens in an atmosphere of trust and openness. All the participants should agree that what is said will stay confidential to the group.
- b. You are not required to reveal any personal information in the group if you do not wish to or that makes you uncomfortable.
- c. Your name or any other identifying information will not appear on any of the recorded information.
- d. Only information grouped together will be reported in any publication or report.

The University of Manitoba Health Research Ethics Board may review records related to the study for quality assurance purposes. No other organization will be able to inspect or copy your research records for quality assurance or data analysis.

9. Voluntary Participation/Withdrawal from the Study

Your decision to take part in this focus group is voluntary. You may refuse to participate or you may withdraw from the focus group at any time. Your decision not to participate or to withdraw from the study will not affect telehealth services at this center or in this community.

10. Questions

You are free to ask any questions that you may have about telehealth or to discuss your rights as a research participant in the evaluation. If any questions come up after the focus group study contact:

Liz Loewen, Network Researcher, Phone: (204) 975 7756 OR

Kaisa McCandless, Study Coordinator/Research Assistant,

Phone: (514) 398-3247. You can contact either of them at any time if you have questions.

For questions about your rights as a research participant, you may contact The University of Manitoba, Bannatyne Campus Research Ethics Board Office at (204) 789-3389

Do not sign this consent form unless you have had a chance to ask questions and have received satisfactory answers to all of your questions.

Statement of Consent

I have read this consent form. I have had the opportunity to discuss this focus group study with the evaluator. _____. I have had my questions answered by them in language I understand. The risks and benefits have been explained to me. I understand that I will be given a copy of this consent form after signing it. I understand that my participation in this focus group study is voluntary and that I may choose to withdraw at any time. I freely agree to participate in this focus group study.

I understand that information regarding my personal identity will be kept confidential, but that confidentiality is not guaranteed.

I authorize the inspection of any of my records that relate to this evaluation by The University of Manitoba Research Ethics Board, for quality assurance purposes.

By signing this consent form, I have not waived any of the legal rights that I have as a participant in an evaluation research study.

Participant signature _____

Date _____

Participant printed name: _____

I, the undersigned, have fully explained the relevant details of this focus group study to the participant named above and believe that the participant has understood and has knowingly given their consent.

Printed Name: _____

Date _____

Signature: _____

Role in the study: _____

TRANSLATOR'S DECLARATION: (IF APPLICABLE)

To the best of my knowledge I have translated the contents of the above consent to

_____ (client or client's alternate)
accurately. I believe the client/client's alternate understood.

Name: _____
Printed Name Signature

Date: _____



I wish to receive a summary of the study results when it is finished, in April 2003.

Name: _____

Address _____



**APPENDIX I-D
MBTELEHEALTH EVALUATION RESEARCH PARTICIPANT INFORMATION
AND CONSENT FORM –
KEY INFORMANTS**

Principal Investigator: Dr. Ray Postuma, Medical Director MBTelehealth Rm 536 Fifth Floor John Buhler Health Centre 715 McDermot Ave, Winnipeg MB, R3E 3P4; Phone (204) 787-4203. You may also contact Liz Loewen, Network researcher, at: (204) 975 7756.

Co-Investigator: Infotelmed Communications Inc. c/o Kaisa McCandless, Study Coordinator/Research Assistant, Dept. Graduate Program in Communications, McGill University Rm W225 853 Sherbrooke St. W. Montreal Quebec, H3A 2T6, Phone: (514) 398-3247

<p>Participant Name: _____</p> <p>Location: _____</p>

You are being asked to participate in a research study. Please take your time to review this consent form and discuss any questions you may have with the study staff. This consent form may contain words that you do not understand. Please ask the evaluation study staff to explain any words or information that you do not clearly understand.

1. Purpose of the Evaluation

We are asking you to participate in an evaluation of the telehealth system. The purpose of this project is to see whether telehealth services and continuing professional education through telehealth meet the needs of healthcare professionals and patients in Manitoba. Twenty-one communities in Manitoba are participating. A total of approximately 650 patients will participate in this evaluation. About 60 health care professionals will receiving continuing education through the telehealth system will also participate, as will about 80 key informant stakeholders (health care professionals and representatives of the communities and institutions involved).

2. Study Procedures

If you take part in this study: you will be asked to participate in an interview that will take about 45 minutes. If you agree, this interview will be tape recorded. The tape will be used to make a summary of the interview but will be destroyed after that. If you do not wish the interview to be tape-recorded, the interviewer will take notes. **YOUR NAME OR ANY OTHER IDENTIFYING INFORMATION WILL NOT APPEAR ON ANY OF THE DOCUMENTS.**

Participation in the evaluation will cover the period from February 2002 to February 2003.

You can stop participating at any time. However, if you decide to stop participating in the study, we encourage you to talk to the study staff first. If you wish, you can obtain a summary of the evaluation's results. Check here if you wish to receive a summary: _____, and please provide a mailing address on the coupon on the last page. We will mail you a summary when the study is finished, in April 2003.

3. Risks and Discomforts

There are no risks or discomforts to you personally for participating in this evaluation.

4. Benefits

There may or may not be direct benefit to you from participating in this evaluation study. We hope the information learned from this study will benefit your professions or communities by helping to improve health services and profession education opportunities in the future

5. Costs

All the procedures, which will be performed as part of this evaluation study, are provided at no cost to you.

6. Payment for participation

You will receive no payment or reimbursement for any expenses related to taking part in this study.

7. Alternatives

If you decide not to participate in this evaluation or decide to stop participating in it, this will not in any way affect the telehealth services you or your community will receive.

8. Privacy and Confidentiality

Information gathered in this research study may be published or presented in public forums, however your name and other identifying

information will not be used or revealed. Despite efforts to keep your personal information confidential, absolute confidentiality cannot be guaranteed. Your personal information may be disclosed if required by law.

If you decide to participate in this evaluation, your privacy will be protected in the following ways:

- a. Your name or any other identifying information will not appear on any of the recorded information.
- b. Only information grouped together will be reported in any publication or report.

The University of Manitoba Health Research Ethics Board may review records related to the study for quality assurance purposes. No other organization will be able to inspect or copy your research records for quality assurance or data analysis.

9. Voluntary Participation/Withdrawal from the Study

Your decision to take part in this evaluation study is voluntary. You may refuse to participate or you may withdraw from the evaluation study at any time. Your decision not to participate or to withdraw from the study will not affect telehealth services at this center or in this community.

10. Questions

You are free to ask any questions that you may have about telehealth your rights as a research participant in the evaluation. If any questions come up during or after the evaluation study contact:

Liz Loewen, Network Researcher, Phone: (204) 975 7756 OR

Kaisa McCandless, Study Coordinator/Research Assistant,

Phone: (514) 398-3247. You can contact either of them at any time if you have questions.

For questions about your rights as a research participant, you may contact The University of Manitoba, Bannatyne Campus Research Ethics Board Office at (204) 789-3389

Do not sign this consent form unless you have had a chance to ask questions and have received satisfactory answers to all of your questions.

Statement of Consent

I have read this consent form. I have had the opportunity to discuss this focus group study with the evaluator. _____. I have had my questions answered by them in language I understand. The risks and benefits have been explained to me. I understand that I will be given a copy of this consent form after signing it. I understand that my participation in this focus group study is voluntary and that I may choose to withdraw at any time. I freely agree to participate in this focus group study.

I understand that information regarding my personal identity will be kept confidential, but that confidentiality is not guaranteed.

I authorize the inspection of any of my records that relate to this evaluation by The University of Manitoba Research Ethics Board, for quality assurance purposes.

By signing this consent form, I have not waived any of the legal rights that I have as a participant in an evaluation research study.

Participant signature _____

Date _____

Participant printed name: _____

I, the undersigned, have fully explained the relevant details of this focus group study to the participant named above and believe that the participant has understood and has knowingly given their consent.

Printed Name: _____

Date _____

Signature: _____

Role in the study: _____

TRANSLATOR'S DECLARATION: (IF APPLICABLE)

To the best of my knowledge I have translated the contents of the above consent to

_____ (client or client's alternate)
accurately. I believe the client/client's alternate understood.

Name: _____
Printed Name Signature

Date: _____



I wish to receive a summary of the study results when it is finished, in April 2003.

Name: _____

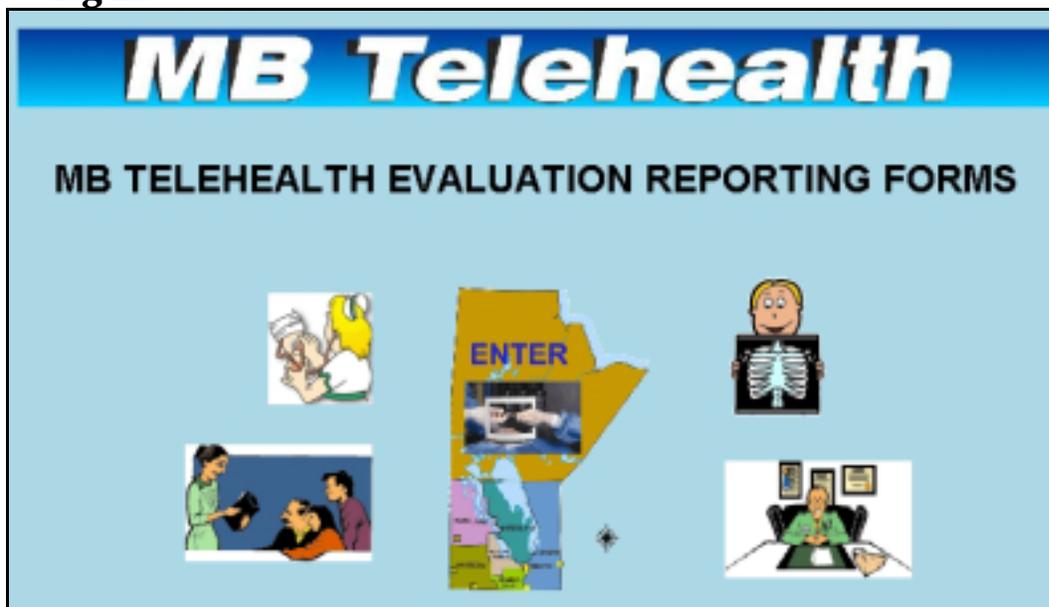
Address _____

APPENDIX II

Extracted from Orientation Guide for Telehealth Coordinators completing the Encounter forms.

Includes Encounter form details.

1. Go to: www.mbtevaluation.org and begin by clicking on Enter and then log in:



2. Select Session Type (4 types to choose from)

The screenshot shows the "TELEHEALTH SESSION REPORTING FORM" selection screen. At the top, the text "TELEHEALTH SESSION REPORTING FORM" is displayed in black. Below this, the text "Why was telehealth system used?" is displayed in black. A "HELP" button is located in the top right corner. Below the question, the text "Please click on the type of session most appropriate to the use upon which you are reporting:" is displayed in black. There are four options, each with an icon and a label: "Patient care" (hand holding stethoscope), "Patient education" (person holding X-ray), "Continuing Education" (person at desk with computer), and "Other activity" (person sitting at desk with computer). The labels are underlined.

3. Basic data collection section required every time system is used

NB - The following data are required for EACH session:

PERSON COMPLETING FORM:

E-mail address:

DATE OF SESSION - (yyyy.mm.dd) : 

REMOTE (far) SITE:

LOCAL (reporting) SITE:

If elsewhere, where?

SESSION BEGAN AT - hr: **min:**

Connected at - hr: **min:**

SESSION ENDED AT - hr: **min:**

Disconnected at - hr: **min:**

[HELP](#)

4. Consent required

PATIENT CARE

NB - If patient consent has NOT been GRANTED for this session, skip directly to the [Problem Recording](#) section of this form; if no problems were experienced, skip directly to form [Submission](#).

- Enter data relating to a session where a patient was present ONLY if written consent has been obtained.
- Otherwise proceed to problem reporting section – you are required to complete this part – you will not need to enter anything if there were no problems during the session

5. Reporting Problems

PROBLEMS in CONDUCTING TELEHEALTH SESSION

[HELP](#)

WERE ANY PROBLEMS ENCOUNTERED IN SCHEDULING OR COORDINATING THE TELEHEALTH SESSION?

NO or YES - if yes, describe:

WERE THERE ANY PROBLEMS WITH ANY OF THE FOLLOWING?

Establishing communication? NO or YES - if yes, describe:

Maintaining communication? NO or YES - if yes, describe:

Operating camera? NO or YES - if yes, describe:

Sound quality? NO or YES - if yes, describe:

Visual quality? NO or YES - if yes, describe:

Other technical problems? NO or YES - if yes, describe:

6. Patient Care section

HELP	
PATIENT ID CODE: <input type="text"/>	PATIENT'S HOME COMMUNITY: <input type="text"/>
Was this an urgent consultation? <input type="radio"/>	Adult <input checked="" type="radio"/> OR pediatric? <input type="radio"/>
OR was it pre-scheduled? <input checked="" type="radio"/>	
What was done during the session?	
Specialist consulted to:	<input type="text"/> -- Pick type of consult from following list -- <ul style="list-style-type: none"> Discuss or confirm diagnosis Follow up on previous visit or test results Case management/case conference Discharge planning
If "Other care" describe nature of care that was provided:	<input type="text"/>
In what specialty?	<input type="text"/> -- Pick specialty from following list -- <ul style="list-style-type: none"> Cardiology Dermatology Diabetes Emergency
If "Other specialty" describe:	<input type="text"/>

What will happen next?	
<input checked="" type="radio"/> No further action is required <input type="radio"/> Follow up required <input type="radio"/> Unknown	<input checked="" type="radio"/> Without telehealth <input type="radio"/> With telehealth
Patient is to be seen at (location): <input type="text"/>	Other action - describe: <input type="text"/>
How many healthcare professionals attended Session?	At patient site: <input type="text"/> At the consulting site: <input type="text"/>
Who was present at the local site - a doctor? <input type="radio"/> YES or <input checked="" type="radio"/> NO - His/her name? <input type="text"/>	
- a nurse? <input type="radio"/> YES or <input checked="" type="radio"/> NO	
Another health care professional? <input type="radio"/> YES or <input checked="" type="radio"/> NO	If yes, what profession? : <input type="text"/>
If a doctor was present, was he/she a specialist: <input checked="" type="radio"/> a primary care doctor <input type="radio"/> or no doctor present? <input type="radio"/>	
Anyone else? ie - community members, translator etc:	<input type="text"/>
In the absence of telehealth, would it have been necessary to travel to another location to receive this service?	<input checked="" type="radio"/> Yes <input type="radio"/> No
If yes, by whom was travel avoided?	By what means would they have travelled?
<input checked="" type="radio"/> Patient (and family) <input type="radio"/> Professional <input type="radio"/> Neither <input type="radio"/> Both	<input checked="" type="radio"/> Personal car <input type="radio"/> Ambulance <input type="radio"/> Bus <input type="radio"/> Train <input type="radio"/> Commercial Plane <input type="radio"/> Medivac
If the patient would have travelled, would he/she have required an escort?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Additional comments (75 characters or less):	<input type="text"/>
	HELP

7. Patient education

Attendance:

How many healthcare professionals attended? At patient site: At consulting site:

Who was present at the local site - a doctor? YES or NO - His/her name?

- a nurse? YES or NO

Another health care professional? YES or NO
If yes, what profession? :

Anyone else? ie - community members, translator etc:

In the absence of telehealth, would it have been necessary to travel to another location to receive this service? Yes No **HELP**

If yes, by whom was travel avoided? Patient (and family) Professional
 Neither Both

By what means would they have travelled?
 Personal car Ambulance Bus
 Train Commercial Plane Medivac

Additional comments (75 characters or less):

For **Other Activity sessions**, click on «other activity» and proceed to complete the Basic Data Collection and Problem Reporting sections of the form. If a patient is involved, complete the following section only if patient consent has been obtained.

OTHER ACTIVITY

NB - If a patient (or patients) were present complete the section immediately below **ONLY** if consent has been **GRANTED** by **ALL** patients present at the session. Otherwise, skip directly to the [Problem Recording](#) section of this form; if no problems were experienced, skip directly to form [Submission](#).

HELP

PATIENT ID CODE (if applicable):

PATIENT'S HOME COMMUNITY:

More than two sites connected? YES OR NO If yes, how many in total?

Nature of other activity:
- Select nature of session -
Administrative - intra-regional
Administrative - interviews
Administrative - training (not CE)
Administrative - other

If "Other" - briefly describe:

For **Continuing Education sessions**, click on «Continuing education» and proceed to complete all sections of the form. If a patient was involved, complete the following section only if patient consent has been obtained.

CONTINUING EDUCATION

NB - If a patient (or patients) were present complete the section immediately below **ONLY** if consent has been **GRANTED** by **ALL** patients present at the session. Otherwise, skip directly to the [Problem Recording](#) section of this form; if no problems were experienced, skip directly to form [Submission](#).

HELP

PATIENT ID CODE (if applicable): PATIENT'S HOME COMMUNITY:

More than two above sites connected? YES OR NO If yes, how many in total?

Individual OR Group session - How many attended? At local site: At remote site:

Attendance:

Who was present at the local site - a doctor? YES or NO
 - a nurse? YES or NO

Another health care professional? YES or NO If yes, what profession? :

Anyone else? ie - community members, translator etc:

Continuing education form, continued:

What topic was discussed during the session?

In the absence of telehealth, would it have been necessary to travel to another location to receive this service? Yes No **HELP**

If yes, by whom was travel avoided? Patient (and family) Professional
 Neither Both

By what means would they have travelled? Personal car Ambulance Bus
 Train Commercial Plane Medivac

Additional comments (75 characters or less):

8. Submitting the form

SUBMIT only if you are confident that the data given above are correct, otherwise **CLEAR FORM** **HELP**

NEW SESSION OR all data entry completed so - **CLOSE**

- When all data relating to one session have been entered click on the **SUBMIT** button. If required, the form can be cleared in order to re-enter data.
- To begin entering data from another session click on **NEW SESSION**.
- When all sessions have been reported click on **CLOSE**

**APPENDIX III
PATIENT SATISFACTION QUESTIONNAIRE**



TELEHEALTH SATISFACTION SURVEY

PLEASE CIRCLE YOUR ANSWER:

- | | | |
|--|--------------------------|---------------------------|
| I understood what the television equipment was for. | <input type="radio"/> No | <input type="radio"/> Yes |
| I could hear the doctor or other health professional well. | <input type="radio"/> No | <input type="radio"/> Yes |
| I could see the doctor or other health professional well. | <input type="radio"/> No | <input type="radio"/> Yes |
| I felt respected. | <input type="radio"/> No | <input type="radio"/> Yes |
| I liked using telehealth | <input type="radio"/> No | <input type="radio"/> Yes |
| I would use telehealth again. | <input type="radio"/> No | <input type="radio"/> Yes |

PLEASE CHECK YOUR ANSWER OR WRITE IN THE SPACE:

I live in: _____
(name of your home city or town)

When I go to the doctor, I usually go to: _____
(name of the city or town
where you usually see the doctor)

I am: male female

I am: _____ years old

**PLEASE MAIL THIS QUESTIONNAIRE IN THE ENVELOPE OR PUT IT IN THE BOX.
IT IS CONFIDENTIAL. THANK YOU!**

**APPENDIX IV
CONTINUING EDUCATION ASSESSMENT SURVEY**



CONTINUING EDUCATION ASSESSMENT QUESTIONNAIRE : CONSENT FORM

Principal Investigator: Dr. Ray Postuma, Medical Director MBTelehealth, (204) 787-4203. You may also contact Liz Loewen, Network researcher, at (204) 975-7756. **Co-Investigator:** Infotelmed Communications Inc. c/o Kaisa McCandless, Study Coordinator/Research Assistant, McGill University, (514) 398-3247.

Study Description

We are asking you to participate in an evaluation of the Manitoba telehealth system. The purpose of this evaluation is to see whether telehealth services and continuing professional education through telehealth meet the needs of healthcare professionals and patients in Manitoba.

To participate, please:

- sign one copy of the consent form
- tear off both copies of the consent form
 - keep one for yourself
 - give the other one to the coordinator or put it in the box
- **fill out the attached questionnaire**, seal it in the envelope provided and mail it, or put it in the box.

If you decide to participate in this evaluation, your privacy will be protected in the following ways:

- Your name will not appear on any of the recorded information.
- Only information grouped together will be reported in any publication or report.

Consent statement: By completing this questionnaire I consent to participate in the Continuing Education Evaluation of the MBTelehealth network. I understand that my name or any other means of identifying me as a participant in the evaluation of the MBTelehealth Network will be kept confidential and not appear on any report .

Signature

CONTINUING EDUCATION ASSESSMENT QUESTIONNAIRE

<p>SESSION ID: _____ (from coordinator)</p> <p>Today's date _____</p> <p>Session _____ topic _____</p> <p><i>I took part in this session from</i></p> <p>_____</p> <p><i>(city or town)</i></p> <p>Was this a CME session? <input type="checkbox"/> NO <input type="checkbox"/> YES → complete the box on the right</p>	<p>What was the subject? Check all that apply:</p> <p><input type="checkbox"/> DERMATOLOGY <input type="checkbox"/> PSYCHIATRY</p> <p><input type="checkbox"/> EMERGENCY</p> <p><input type="checkbox"/> SUPPORT FOR INTERNATIONAL MEDICAL GRADUATES</p> <p><input type="checkbox"/> PROFESSIONAL NETWORKING</p> <p><input type="checkbox"/> OTHER (SPECIFY)</p> <p>_____</p> <p>How many CME hours will you receive for this session?</p> <p>_____</p>
--	---

How satisfied were you with the following aspects of this continuing education session? (circle a number for each aspect)	VERY DISSATISFIED	DIS-SATISFIED	NEITHER SATISFIED NOR DISSATISFIED	SATISFIED	VERY SATISFIED	DOESN'T APPLY
1. Clarity of content	1	2	3	4	5	
2. Opportunity to ask questions of the facilitator(s)	1	2	3	4	5	
3. Interaction among the participants at your site	1	2	3	4	5	
4. Interaction among the participants at the different sites	1	2	3	4	5	
5. Relevance of the material to your work	1	2	3	4	5	
6. Quality of session facilitation	1	2	3	4	5	
7. Opportunity to learn	1	2	3	4	5	
8. Length of session	1	2	3	4	5	
9. Sound quality	1	2	3	4	5	
10. Visual quality	1	2	3	4	5	

	NOT AT ALL IMPORTANT	NOT VERY IMPORTANT	NEITHER IMPORTANT NOR UNIMPORTANT	QUITE IMPORTANT	VERY IMPORTANT
11. How important was it for you to participate in this session?	1	2	3	4	5

	NO, NEVER	YES, ONCE OR TWICE	YES, 3 TIMES OR MORE
12. Have you participated in continuing education on this network before?	1	2	3
13. Have you participated in other continuing education sessions using other videoconferencing or telehealth networks before?	1	2	3

How well do each of the following types of continuing education meet your professional needs?	NOT AT ALL WELL	NOT VERY WELL	QUITE WELL	VERY WELL	DON'T KNOW
14. MBTelehealth network sessions	1	2	3	4	
15. In-person, classroom style continuing education sessions	1	2	3	4	
16. Correspondence courses	1	2	3	4	
17. Scientific conferences	1	2	3	4	
18. Internet courses	1	2	3	4	
19. Audio-teleconference courses	1	2	3	4	

20. If this session had not been available through telehealth, would you have obtained the information another way?

No

YES → How? _____

21. I would be willing to use the MBTelehealth network for continuing education: EVERY TIME I HAVE CONTINUING EDUCATION

CONTINUING EDUCATION SOME OF THE TIMES I HAVE

CONTINUING EDUCATION A FEW OF THE TIMES I HAVE

CONTINUING EDUCATION NEVER

22. I am a: PHYSICIAN

MEDICAL STUDENT

NURSE

NURSING STUDENT

OTHER (PLEASE SPECIFY) _____

Do you have any other comments, positive or negative about using telehealth for continuing education?

Thank you for completing this questionnaire. Please place the questionnaire in the envelope provided and put it in the box, or mail it to:

Infotelmed Communications – Confidential – MBTelehealth Evaluation – 38 Place du Commerce, Suite 10-614, Verdun, Quebec, H3E 1T8

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21
22 23 24 25 26

**APPENDIX V
KEY INFORMANT INTERVIEW GUIDES**

No: _____

MBTELEHEALTH EVALUATION

KEY INFORMANT INTERVIEW GUIDE: PROVIDERS AND COORDINATORS

Interviewee: _____ **Location:** _____ Face to face:

Date: _____ Video:

Phone:

Consent has been signed: _____

Interviewer: _____

I. Background and implementation

1. To begin, can you tell me what your role has been with the telehealth program?
2. How much have you been using the telehealth system, and for what? How has this changed over time?
3. How did you become involved with the program?
4. How did you feel about the way in which telehealth applications were selected and implemented within the community? Could the process have been improved?
5. Did you receive training in the use of the telehealth equipment? Do you consider that this training was adequate?

II. Technical problems

6. Have you encountered technical problems when using the equipment? Which? What were their impacts on the sessions?
7. How often have you required technical help or support? From where? How easy or hard was it to get the support you needed?

III. Patient reactions

8. In your experience, how do patients react to telehealth? What are the most common reactions?
9. Do different types of patients react differently? Which, and how?
10. Have patients using telehealth expressed concerns about it? If so, what are they?
11. Have any patients refused to use telehealth? If so, how many and for what reasons?
12. How have family members reacted to telehealth?

IV. Impacts

Open-ended

13. Overall, what would you say have been the biggest impacts of telehealth?
14. What have been the impacts on patients and their families?
15. What have been the impacts for health services in the communities you are involved in?
16. What have been the impacts on the professionals delivering health services?

17. Has telehealth had any negative impact in the communities you are involved with?

Specific impacts: Access

18. To what extent, and how, has telehealth affected access to care for people in the communities you are involved with? How has telehealth affected each of:
Access to generalist care?
Access to specialist care?
Access to specialist diagnostic or other services?
Access to patient education?
Access to other aspect of care?
19. Has timeliness of care been affected? How?
20. In your view, are the main health issues in the communities you are involved with being addressed in the telehealth program?
21. To what extent, and how, has telehealth affected access to continuing professional and/or medical education for health workers in the communities you are involved with?

Specific impacts: quality and outcomes

22. In what ways has telehealth affected each of the following phases of care:
Pre-diagnosis and diagnosis?
Preparation for treatment or surgery?
Decisions about the course of treatment?
Monitoring and adjustment of health condition and treatment?
Follow-up to surgery or other procedures?
23. To your knowledge, how has telehealth affected the quality of care? To what extent do the telehealth interventions meet accepted standards of care (clinical guidelines)?
24. What impacts has telehealth had on patient outcomes?
25. Have you had any feedback from community members about the quality of care they or their family members have received through telehealth?

Specific impacts: organizational and professional

26. How has telehealth affected the organization of patient care and the workload associated with it?
27. How has telehealth affected the amount of time spent on each patient or case? Does telehealth increase or decrease the time needed?
28. Have there been any administrative or human resource management issues associated with the telehealth program? If so, which? How have these affected the overall service?
29. How smoothly has the scheduling of telehealth sessions been going? Have there been any scheduling difficulties? Which? What are the impacts of this on the overall service?
30. How has the transfer and management of patient information been handled? How successfully has this been handled, in your view?
31. Has telehealth had any impacts on allocation of tasks or on scopes of practice? For whom, and in what ways?

32. What have been the impacts of continuing professional or medical education delivered through telehealth?
In terms of professionals' competencies and skills?
In terms of professional work satisfaction and retention?
In terms of quality of care provided?

Specific impacts: integration with health system

33. How has telehealth affected the links between the health services in this community and those in the rest of the province?
Links to larger centers?
Links to other smaller or remote centers?
34. Would you say that telehealth has affected the integration of the communities you are involved with, within the provincial health network?

Specific impacts: costs

35. As far as you can tell, has telehealth decreased or increased travel time and costs for patients in the communities you are involved with? What types of costs have been affected?
36. How has telehealth affected travel time and costs for health professionals involved with these communities?
37. How has telehealth affected administrative travel time and costs?
38. Overall, in your view, to what extent has telehealth resulted in cost increases, decreases or shifts for health service delivery within the communities involved?
39. Are there any other cost implications of the telehealth program?

Summary and sustainability

40. To sum up, what have been the main results of the telehealth program from your point of view?
41. What would you say have been the critical success factors for telehealth here?
42. What factors are necessary to keep telehealth working in the future?
43. Any other comments?

No: _____

**MBTELEHEALTH EVALUATION
KEY INFORMANT INTERVIEW GUIDE: PROVINCIAL GOVERNMENT STAFF,
PROFESSIONAL ASSOCIATIONS, AND INSTITUTIONAL ASSOCIATION
REPRESENTATIVES**

Interviewee: _____ **Location:** _____ Face to face:

Date: _____ Video:

Phone:

Consent has been signed: _____

Interviewer: _____

I. Background and aims

1. To begin, can you tell me what your role has been with the telehealth program?
2. From your perspective, what were the main aims of developing and implementing the telehealth network in Manitoba? What needs was it intended to address?

II. Impacts

Open-ended

3. Overall, what would you say have been the biggest impacts of telehealth in Manitoba to date?
4. What have been the impacts on patients and their families?
5. What have been the impacts for health services in the telehealth communities?
6. What have been the impacts on the Manitoba health system as a whole?
7. What have been the impacts in your sector or areas of responsibility?
8. Has telehealth had any negative impact that you are aware of?

Specific impacts: Access

9. To what extent, and how, has telehealth affected access to care for Manitobans in the telehealth communities?
10. Has timeliness of care been affected? How?
11. In your view, are the main health issues in Manitoba being addressed in the telehealth program?
12. To what extent, and how, has telehealth affected access to continuing professional and/or medical education?

Specific impacts: quality and outcomes

13. To your knowledge, how has telehealth affected the quality of care?
14. What impacts has telehealth had on patient outcomes?

Specific impacts: organizational and professional

15. How has telehealth affected the organization of patient care? The amount of time spent on each patient or case? How patient information is managed?
16. Has telehealth had any impacts on professional roles or on scopes of practice? For whom, and in what ways?

Specific impacts: integration of health system

17. How has telehealth affected the links among smaller or remote communities and the larger centers?

Specific impacts: costs

18. Overall, in your view, to what extent has telehealth resulted in cost increases, decreases or shifts for health service delivery within the communities involved?
19. Are there any other cost implications of the telehealth program from your perspective?

Summary and sustainability

20. To sum up, what have been the main results of the telehealth program from your point of view?
21. What would you say have been the critical success factors for telehealth here?
22. What factors are necessary to keep telehealth working in the future?
23. Any other comments?

APPENDIX VI FOCUS GROUP DISCUSSION GUIDE

MBTelehealth Evaluation: Focus Groups for Patients

Introduction (10 minutes)

As people arrive, the moderator engages them in conversation and makes them feel comfortable and welcome.

Before the discussion begins, the moderator briefly introduces him or herself and explains the purpose of the discussion, mentioning that:

- the focus group is being conducted as part of the evaluation of the MBTelehealth system
- its purpose is to help understand the advantages and disadvantages of using telehealth from patients' point of view, so that the system can be improved
- the participants were invited because they have recently used the telehealth system for a medical appointment
- The discussion will last about one and a half hours. There are three parts: in the first, we will discuss the health care you usually receive, and how telehealth fits in. In the second, we will talk about the experiences patients have using telehealth: how it makes them feel about the care they are getting and how it affects any costs that they might have in getting health care. Then, we will wrap up with a discussion of how you think the MBTelehealth system can be improved.

The moderator also explains that:

- Participants are encouraged to express their true opinions and discuss the questionnaire openly. There are no right or wrong answers, and it is normal that there will be differences of opinion. There is no need for everyone to agree, but it is very important that all points of view be heard and that everyone gets a chance to say what they think. Participants should not hesitate to express positive or negative opinions.
- The moderator's role is to make sure that all the questions are covered and that everyone gets a chance to speak.
- It is important that the discussion happens in an atmosphere of trust and openness. All the participants should agree that what is said will stay confidential to the group. In addition, the moderator guarantees that, no individual person will be identified in any way in the evaluation reports; participants' views will be completely confidential.
- With participants' permission, the discussion will be tape-recorded. This is to allow the facilitator to fully capture everyone's thoughts when writing up the report. Only she will have access to it, and it will be destroyed after the report is submitted.

The moderator then asks each person to introduce himself/herself.

Part 1: MBTelehealth in context (15 minutes)

- 1.1 Where do you usually go to get health services...let's say for:
 - A routine check-up?
 - A specific problem but not an emergency?
 - A health emergency?
- 1.2 Is there a specific physician that you always see, or not? Why or why not?
- 1.3 How long do you usually have to wait to get the service, for each type? (routine check-up; specific problem; emergency)
- 1.4 How do you feel about the health services you usually get -- what are their strong points and their weak points, from your points of view?
- 1.5 How do you think telehealth fits into the overall picture of health care for you? What should it be used for?

Part 2: Your experiences with telehealth (50 minutes)

You have all used the telehealth system for a health appointment. Without telling us anything private about you or your health, can you tell us how you felt about using the telehealth system?

- 2.1 Let's start with ... how was it first suggested to you that you use it, and how did you feel about it then
 - Did you understand what it was all about when it was first proposed? Why or why not?
 - Did you have any concerns about it? What? Were you comfortable with the idea of using it for yourself? Why or why not?
 - Did you get a chance to ask any questions that you had about the telehealth system? Who did you ask? Were the answers helpful? Why or why not?
- 2.2 What was it like using the telehealth system for the appointment?
 - Was it easy to get to the location for your appointment?
 - How long did you have to wait when you got there?
- 2.3 Did everything happen pretty much as you expected, or were some things different? If so, what?
- 2.4 Were you able to see and hear everything clearly through the telehealth system? If not, what was not clear? Do you think that had any effects on how your case was handled?
- 2.5 How did you feel about the telehealth staff – did they respond to your needs and questions? Did they seem competent in using the telehealth system?
- 2.6 The doctor or specialist on the other end – was it someone you had seen before? What did you know about them before the session? How satisfied were you with how they treated you?
- 2.7 How did you feel about discussing your case with someone far away, not in the same room as you? Was it easier or harder than usual to go through the appointment, or no different than usual?
- 2.8 Did you have any concerns about confidentiality – about who would be seeing your health information that was discussed through telehealth?
- 2.9 Overall, how does a telehealth appointment compare to a regular appointment? What did you like about it, and what didn't you like about it?
- 2.10 Would you like to use the telehealth service again..
 - ... For all of your appointments? Why?
 - ... For some of your appointments? Which ones? Why ...Not at all? Why?

I'd like to ask you now about what it usually costs you to get health care services. At the beginning, some said that they would normally travel to XXXX, others to XXXX.

- 2.11 How do you usually travel to those places? How long do you have to stay there?
- 2.12 What does a trip like that usually cost...
 - ... For travel?
 - ... For lodgings and meals?
 - ... For child care or other types of costs for your family members at home?
 -In terms of time off work?
 -Any other costs?
- 2.13 Does using telehealth make a difference to any of those cost? Which ones, and how much?

Part 3: Improving MBTelehealth (15 minutes)

From patients' point of view, what are the main ways that the telehealth system can be improved?

- 3.1 In terms of making it more accessible, easier for people to get to?
- 3.2 In terms of the quality of the service...
 - ... the quality of the staff?
 - ... the technical quality of the sessions?
 - ... the quality of the care provided through the system?
- 3.3 In terms of linking it to the regular health care system, and your regular providers?

Thank you!

APPENDIX VII EVALUATION ADVISORY COMMITTEE MANDATE

MBTelehealth Evaluation Steering Committee

TERMS OF REFERENCE

ROLES

The overall approach to this evaluation project uses multiple methods to assess changes over time from the perspectives of patients, personnel, communities and other stakeholders. The approach is stakeholder driven. The *Evaluation Steering Committee* is seen as representing the many stakeholders who are affected by and involved in the telehealth network in Manitoba.

The role of the *Evaluation Steering Committee* is to review and provide advice and feedback to the evaluators and to the managers of the MBTelehealth network regarding the telehealth evaluation plans and activities. Some of the tasks of the Steering Committee include:

1. Review and comment on the project evaluation plan and procedures. As needed, provide advice regarding the Ethics review and confidentiality procedures.
2. Provide a means for accessing stakeholders and a mechanism for the ongoing and review of formative evaluation results.
3. Recommend approaches to facilitate evaluation data collection in order to meet the projects' objectives.
4. Advise the evaluation and management teams concerning any problems or opportunities relating to the evaluation process.
5. Review and provide input to a list of proposed interviewees.
6. Review and provide feedback on the interim report.
7. Review evaluation results and provide input into the final report.

REPORTING

The *Evaluation Steering Committee* is a sub-committee of the MBTelehealth Network Advisory Board and reports to the Board.

MEMBERSHIP

The *Evaluation Steering Committee* needs to be small enough to be able to meet by teleconference if needed, to review documents and report on them relatively quickly, and large enough to be representative of the major stakeholder groups involved. Representatives from the following organizations could be invited to participate in the Steering group, subject to the approval of the MBTelehealth Advisory Board:

1. WRHA (1);
2. MB Health (1);
3. Teaching Hospital representative (1);
4. RHA representative (1);
5. One representative each from a larger, southern site and a larger, northern site;
6. Representative from a smaller, remote site (1).
7. Ex-officio members would be representatives from MB Telehealth and Infotelmed.

APPENDIX VIII
RELEVANT SECTIONS OF REPORT WHICH ADDRESS CHIPP FRAMEWORK

CHIPP evaluation framework requirement	Relevant report sections
Rationale: Why was this project considered a good idea? Should it be pursued further? What proved to be the most innovative aspects of this project?	Section 1.1.3; 3.3.5; 3.3.6.
Improvements to health services: From the perspective of patients and providers, how does this project affect the quality of services/care provided? How does this project affect access to, or utilization of, health services?	Sections 3.3; 3.3.1; 3.3.2; 3.3.3; 3.3.4; 3.3.5; 3.3.6; 4.1; 4.2
Integration of health services: In what ways does this project foster integration, coordination and/or collaboration of health services across the continuum of care (e.g., from primary care to acute care to community and home care).	Sections 3.4.1; 3.4.2; 3.4.3.
Health and related impacts and effects: What kinds of health and related impacts have occurred as a result of this project?	Section 3.3.1; 3.3.3.
Cost effectiveness: Does the project contribute to a more cost-effective service than what is currently being provided, and how?	Sections 3.5; 3.6.1; 3.6.2; 3.6.3; 4.3
Lessons learned: What lessons have been learned in developing and implementing this project, that might be useful to other jurisdictions/regions/settings, and to other programs? What are the positive and negative effects or results experienced during the life of the project and their consequences?	Sections 3 and 4
Technology performance: How well has the technology met the project requirements?	Sections 3.2

APPENDIX IX METHOD USED FOR CALCULATING TRAVEL COSTS THROUGH TELEHEALTH

The average cost avoided for patients involved in point-to-point telehealth sessions was calculated by dividing the total travel cost savings for these patients by the number of point-to-point patient sessions. The savings for multi-point sessions were calculated by dividing the total savings for multi-point patients by the number of multi-point sessions. The total savings for all patients was estimated by dividing the sum of the savings for point-to-point and multi-point sessions by the total number of patient sessions.

Costs were assigned to each patient care and patient education session using the following algorithms. The Treasury Board Travel Guidelines of \$0.41 per kilometer for automobile travel and \$59.40 per diem for meals and incidentals were used in preparing these estimates. A hotel rate of \$100 per night was assumed for overnight accommodations.

For point-to-point telehealth (i.e., only two connections):

If travel would have been by car:

- distance (in km) between home community and remote telehealth site X 2 X \$0.41
- if distance is greater than 400 km return, add \$100 for accommodations and \$59.40 for meals and incidentals.

If travel would have been by ambulance:

- \$312.50 X 2
- if distance is greater than 400 km return, add \$100 for accommodations and \$59.40 for meals and incidentals for an escort.

If travel would have been by air:

- best available return airfare without a Saturday night stay, plus \$100 for accommodations and \$59.40 for meals and incidentals.
- if an escort would also have traveled, a second airfare and meal allowance is added.

If travel would have been by bus:

- best available return fare, plus for accommodations and \$59.40 for meals and incidentals.
- if an escort would also have traveled, a second fare and meal allowance is added.

For multi-site telehealth:

The average cost for travel for point-to-point sessions was used as the basis for determining the per site cost for each connection. For example, if six sites participated in a patient education session, the average cost of \$423 for a patient education session would be multiplied by five, on the assumption that one person from each site of five sites would travel to the sixth site.