

APPENDIX F
Technology Personnel Survey



AFHCAN Telemedicine Technical Survey

Instructions: Please fill in the circle or check the box beside the appropriate answer for each question. If you have completed this survey before, thank you. Your answers will be saved and you don't need to fill out the survey again. After completing the survey, please use the enclosed envelope to mail the survey to the Center for Human Development(CHD), 2210 Arca Dr. Anchorage, AK 99508. Please send us your completed survey by August 20, 2003.

What is your organization's zip code: _____

1. Please check the type of facility in which you primarily work. (Please check only ONE.)

- ① Hospital with Physicians
- ① Health Center with Physicians
- ② Health Center with Nurse Practitioners/Physician's Assistants
- ③ Health Center with Public Health Nurse
- ④ Health Center with Community Health Aides/Practitioners
- ⑤ Other (Please Specify)

2. What is your current position within the organization? (Please check only ONE.)

- ① CIO
- ① Help desk manager
- ② Network Administrator
- ③ IS staff
- ④ Other (please specify) _____

3. How long have you have been working at this organization?

_____ Years _____ Months

4. Please report your highest degree received and the year you received it.

<u>Degree</u>	<u>Year Received</u>
① High School/GED	_____
① Community Health Aid Certificate	_____
② Some college credit	_____
③ Associate's Degree	_____
④ Bachelor's Degree	_____
⑤ Graduate Degree	_____
⑥ Medical Degree	_____
⑦ Other (Please specify)	_____

5. What professional certification(s) do you have? (Please check ALL that apply.)

<input type="checkbox"/> A+
<input type="checkbox"/> N+
<input type="checkbox"/> MCP
<input type="checkbox"/> MCSE
<input type="checkbox"/> MCDBA
<input type="checkbox"/> MCSA
<input type="checkbox"/> CCNA
<input type="checkbox"/> CCNP
<input type="checkbox"/> CCIE
<input type="checkbox"/> CISSP
<input type="checkbox"/> Other (please specify) _____

6. Has your organization received AFHCAN Telehealth equipment or AFHCAN software?

_____ Yes	_____ No	_____ Don't Know
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If your organization has NOT received AFHCAN equipment or software (or you do not know), this is the end of the survey. Please do not complete any more items.

Please return the survey in the enclosed envelope to:

**Jennifer Carter
Center for Human Development
2210 Arca Dr.
Anchorage, AK 99508**

7. When did your organization receive the AFHCAN equipment or the AFHCAN software?

_____ Date Received	_____ Don't Know
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8. Has your organization used the AFHCAN telemedicine equipment and/or software?

___ Yes (Please go to question # 10)	___ No (Please go to question # 9)	___ Don't Know (Please go to question # 9)
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9. If staff at your organization have not used the AFHCAN telemedicine equipment and software, which of the following statements best describes the reason(s) for not using it? (Please check ALL that apply.)

- The equipment has not been set up
- The equipment is set up, but our organization is not connected to the network
- We lost our connection to the network
- The cart is not working and I do not know why
- Staff have not been trained on the equipment
- Supervisor(s) don't encourage staff to use it
- Our patients do not want us to use it
- Staff are uncomfortable using it
- Staff have not had a clinical encounter in which it would be useful
- Staff couldn't make the equipment work
- Staff do not like using telemedicine
- Other barriers (please specify)_____

If your organization has NOT used the AFHCAN software (or you do not know), this is the end of the survey. Please do not complete any more items.

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10. How long has staff at your organization been using the AFHCAN telemedicine software or the AFHCAN cart as part of their practice?

_____ Years _____ Months

11. Does your organization have videoconferencing equipment?

___ Yes (Please go to question # 12) ___ No (Please go to question # 13) ___ Don't Know (Please go to question # 13)

12. If you have videoconferencing equipment, what is it being used for? (Please check ALL that apply.)

- Clinical care
- Administrative functions
- Education and training
- It is not being used
- Other uses (please specify)_____

13. Has any of your technical staff received training on the AFHCAN Software's "Administrative" pages?

_____ Yes _____ No _____ Don't Know

14. Do you believe that telemedicine has value to your organization? (Please check ONLY ONE).

- I believe it is too early to know how valuable telemedicine will be to our organization.
- I believe that telemedicine has no value to our organization
- I believe telemedicine has limited value to our organization.
- I believe telemedicine is valuable to our organization.
- I believe telemedicine is very valuable to our organization
- I don't know or am not certain

15. Is your organization currently evaluating the use of AFHCAN telemedicine cart or software ?

- Yes (Please go to question 16)
- No (Please go to question 17)
- I don't know (Please go to question 18)

16. What aspects of AFHCAN telemedicine are you currently evaluating? (Check ALL that apply)

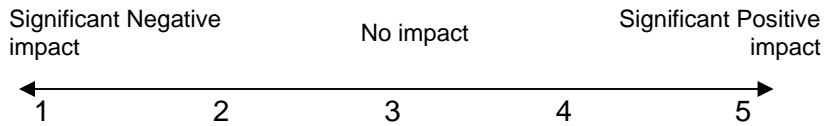
- AFHCAN cart & peripherals
- AFHCAN software
- Provider clinician satisfaction
- Referring clinician satisfaction
- Patient satisfaction
- Cost-benefit analysis
- Patient outcomes
- I don't know
- Other _____

17. If you are not currently evaluating AFHCAN telemedicine, do you plan to do so in the future?

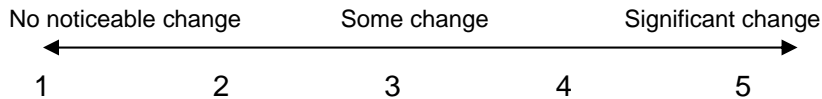
- Yes
- No
- I don't know

18. How will you know if the AFHCAN Telemedicine project is successful for you?

19. What impact, if any, has the AFHCAN wide area network communications infrastructure had on your relationships with the private sector telecommunications industry (such as AT&T and GCI) in Alaska?



20. To what extent has involvement in the AFHCAN Telemedicine program changed your organization's wide area networking infrastructure?



21. If there has been noticeable change in your organization's wide area networking infrastructure, please check all changes that apply.

- Broadened scope of services available across WAN
- Narrowed scope of services available across WAN
- Simplified WAN operations and management
- Made WAN operations and management more complex
- Introduced voice over IP technology on WAN
- Introduced H.323 IP video teleconferencing on WAN
- Introduced store and forward telehealth technology
- Introduced digital imaging in your org's delivery of care across WAN
- Altered use of digital imaging in your org's delivery of care across WAN
- Improved performance of networked systems across WAN
- Degraded performance of networked systems across WAN
- Not Applicable

22. Which of the following traffic is traveling over your connection to the AFHCAN network? (Check ALL that apply)

- Store & Forward Telemedicine
- Voice over IP (Voice over data toll bypass services)
- VideoConferencing (H.323 IP video teleconferencing services)
- Teleradiology
- Access to other healthcare information systems (e.g., RPMS)
- Internet
- Other, please specify _____

23. Does your organization take advantage of the other AFHCAN telehealth network services? (Check ALL that apply)

- Data network design assistance
- Voice network design assistance
- Network security design assistance
- USF application assistance
- Resolving network performance issues
- Other, please specify _____

24. In your opinion which, if any, of the following network traffic/services have saved money for your organization? (Check ALL that apply)

- None
- Store & Forward Telemedicine (i.e. travel costs)
- Voice over IP (i.e. long distance charges)
- VideoConferencing (i.e travel costs)
- Teleradiology
- Access to other healthcare information system
- Internet
- Data network design assistance
- Voice network design assistance
- Network security design assistance
- USF application assistance
- Resolving network performance issues
- Other, please specify _____

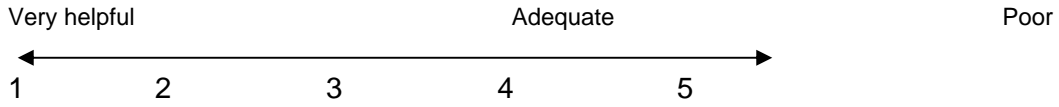
25. How much staff time in FTEs (Full Time Employee) is spent on AFHCAN Telemedicine technology maintenance?

_____ FTE

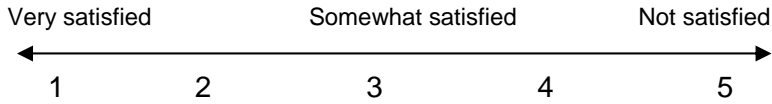
26. How often does your organization contact ACES or AFHCAN for support? (Check only One.)

- Never
- Less than once a month
- Once a month
- Several times per month
- Once a week
- Daily

27. How would you rate the AFHCAN support?



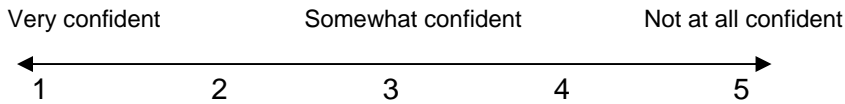
28. How satisfied are you with mechanisms used to transfer ownership of AFHCAN equipment to your organization?



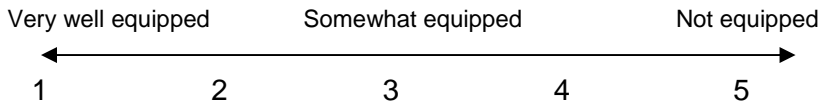
I don't know

29. If the AFHCAN store and forward technology deployment has had an impact on the technology management and support resources of your organization, please describe.

30. How confident are you that your organization can sustain AFHCAN telemedicine without the assistance of the AFHCAN office?



31. How well equipped are you to train new staff and orient them to the AFHCAN store and forward Telemedicine system?



I don't know

32. Please describe the impact that the disappearance of the AFHCAN Telemedicine program would have on your organization's IS/IT operations and resources?
