**Prehospital video triage of potential stroke patients in north central London and east Kent: rapid mixed methods service evaluation**

**Supplementary information for ambulance clinician survey**

***Survey information sheet***

North Central London and East Kent are currently piloting systems enabling prehospital triage of potential stroke patients by specialist stroke staff, facilitated by digital technologies (e.g. FaceTime). Researchers based at University College London are carrying out a service evaluation to capture staff views and experiences of this new telemedicine system, in collaboration with stroke specialists and ambulance services. The researchers are part of the NIHR Rapid Service Evaluation Team (‘RSET’) which studies the impact of service innovations in health and social care settings. You are invited to share your views of the prehospital triage pilot to inform this evaluation. Below is a link to a short survey which should be completed by ambulance clinicians that have used remote (telemedicine) triage systems in either North Central London or East Kent and would like to provide information about their experiences (anonymously). The survey will take approximately 10 minutes to complete.

Your participation in the survey is completely voluntary. No personal information (e.g. your name or contact details) will be collected. The evaluation has been classified as a service evaluation by the UCL/UCLH Joint Research Office (JRO) and the UCL Research Ethics Committee (REC).

The data will be analysed by members of the evaluation team at UCL and the findings shared with service leads at the following organisations to help improve the service: East Kent Hospitals University NHS Foundation Trust, the London Ambulance Service, South East Coast Ambulance Service NHS Foundation Trust and UCLH NHS Foundation Trust.

If you have any questions about this survey or the evaluation, please contact: Dr Jean Ledger, Research Fellow, Department of Applied Health Research, University College London: [j.ledger@ucl.ac.uk](mailto:j.ledger@ucl.ac.uk)

**Statement of consent:**

**I have read the information above and I am happy to take part in this survey.**

* Yes [CONTINUE TO Q1]
* No [END SURVEY]

**Survey tool**

**Q1. Please confirm: in which NHS Trust do you work as an ambulance clinician?**

* South East Coast Ambulance Service
* London Ambulance Service
* Other [ENTER]

**Q2. How long have you been an ambulance clinician for?**

* Less than 1 year
* 1-2 years
* 3-4 years
* 5 years or more

**Q3. How many times would you estimate that you have used the new telemedicine triage system\*\*?**

*[\*\*TEXT BOX INFO: The new, telemedicine triage systems allows hospital-based stroke consultants and ambulance crews to communicate via a handheld device (e.g. iPad or iPhone) using an application such as FaceTime. The stroke consultant remotely assesses the patient in discussion with ambulance clinicians and advises on triage].*

* 1-2
* 3-9
* 10 times or more

**Q4. To what extent do you agree or disagree with the following statements:**

**4a. Overall, I am satisfied with how easy it is to use this new system to triage patients.**

* Strongly Disagree (5)
* Disagree (4)
* Neither Agree or Disagree (3)
* Agree (2)
* Strongly Agree (1)
* Don’t Know (0)

**4b. Overall, the sound and video quality has been sufficient to complete the task of remotely triaging patients.**

* Strongly Disagree (5)
* Disagree (4)
* Neither Agree or Disagree (3)
* Agree (2)
* Strongly Agree (1)
* Don’t Know (0)

**4c. If you have experienced any technical problems, what have they been? [select all that apply]:**

* Poor video quality - the consultant could not see the patient clearly or the image froze
* Poor sound quality - it was difficult to hear the consultant and have a conversation
* Poor sound and video quality - it was not possible to complete a remote assessment, so we abandoned the process
* Issues with connecting to Wi-Fi
* Other [please explain]

**Q5. Overall, has using the new triage system influenced your decisions about where to convey patients?**

* Yes - there have been cases where the conveyance plan changed (e.g. to take the patient to HASU/local Emergency Department)
* No - it has never changed the conveyance plan
* Don’t know / difficult to say

**Q6. In your experience of using the new triage system, on average how many attempts does it take to have the call answered by a member of the hospital stroke team?**

* 1-2
* 3-4
* 5 or more
* Don’t know

**Q7. Do you have any concerns about the safety of this system for patients?**

* Yes - [prompt: open text - if you feel comfortable, please explain your answer]
* No - [prompt: open text - if you feel comfortable, please explain your answer]
* Don’t know
* Prefer not to say

**Q8. To what extent do you agree or disagree with the following statement: Overall, the new telemedicine triage system is an improvement on the previous triage process for suspected stroke patients.**

* Strongly Disagree (5)
* Disagree (4)
* Neither Agree or Disagree (3)
* Agree (2)
* Strongly Agree (1)
* Don’t Know (0)

**Q9. Would you like the new triage system to continue operating in your region?**

* Yes, overall, it is worth continuing [prompt: open text - if you feel comfortable, please explain your answer]
* I don't mind either way
* No, not unless certain aspects are improved [prompt: open text - if you feel comfortable, please explain your answer]
* No, definitely not
* Don’t know

**Q.10. Did you receive sufficient training to use this system?**

* Yes - [PROMPT: If you feel comfortable, please describe the type of training you received and how it helped]
* No - [PROMPT: If you feel comfortable, please describe the type of training you would like to have received or need]
* Don’t know

**11. [OPTIONAL] Are there any improvements would you like to see made to the system in future? Any other comments you would like to share?**

* FREE TEXT

**THANK YOU FOR TAKING THE TIME TO TAKE PART IN THIS SURVEY**