

Evaluation of perinatal telehealth maternity education and clinical support within the Western Australian Country Health Service (WACHS). (PID: 518)

18.09.2023 11:50

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)																		
Instrument: Introduction (introduction) Enabled as survey																					
1	[record_id]	Record ID	text																		
2	[introduction]	Which of the following statements apply to you (you may tick more than one box)	checkbox, Required <table border="1"> <tr> <td>1</td> <td>introduction__1</td> <td>I am over 18 years of age</td> </tr> <tr> <td>2</td> <td>introduction__2</td> <td>I am a consumer who participated in the Positive Birth Program</td> </tr> <tr> <td>3</td> <td>introduction__3</td> <td>I am a clinician who referred to or provided the Positive Birth Program</td> </tr> <tr> <td>4</td> <td>introduction__4</td> <td>I am a consumer and used the Lactation consultancy service</td> </tr> <tr> <td>5</td> <td>introduction__5</td> <td>I am a clinician who referred to or provided the Lactation Consultancy service</td> </tr> <tr> <td>6</td> <td>introduction__6</td> <td>Following the completion of this survey, I would be interested in participating in Phase Two interviews</td> </tr> </table>	1	introduction__1	I am over 18 years of age	2	introduction__2	I am a consumer who participated in the Positive Birth Program	3	introduction__3	I am a clinician who referred to or provided the Positive Birth Program	4	introduction__4	I am a consumer and used the Lactation consultancy service	5	introduction__5	I am a clinician who referred to or provided the Lactation Consultancy service	6	introduction__6	Following the completion of this survey, I would be interested in participating in Phase Two interviews
1	introduction__1	I am over 18 years of age																			
2	introduction__2	I am a consumer who participated in the Positive Birth Program																			
3	introduction__3	I am a clinician who referred to or provided the Positive Birth Program																			
4	introduction__4	I am a consumer and used the Lactation consultancy service																			
5	introduction__5	I am a clinician who referred to or provided the Lactation Consultancy service																			
6	introduction__6	Following the completion of this survey, I would be interested in participating in Phase Two interviews																			
3	[introduction_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete												
0	Incomplete																				
1	Unverified																				
2	Complete																				
Instrument: Positive Birth Program Consumer Survey Tool (positive_birth_program_consumer_survey_tool) Enabled as survey [collapsed]																					
Instrument: Positive Birth Program Staff Survey Tool (positive_birth_program_staff_survey_tool) Enabled as survey [collapsed]																					
Instrument: Telehealth Lactation Consultancy Consumer Survey Tool (telehealth_lactation_consultancy_consumer_survey_t) Enabled as survey [collapsed]																					

Instrument: Telehealth Lactation Consultancy Staff Survey


Tool (telehealth_lactation_consultancy_staff_survey_tool)  **Enabled as survey**

137	[profession_4_0]	<p>Section Header: <i>Section 1. Demographics.</i></p> <p>1.1 Please select your profession.</p>	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>Midwife</td></tr> <tr><td>2</td><td>Aboriginal Health Worker</td></tr> <tr><td>3</td><td>Registered Nurse</td></tr> <tr><td>4</td><td>Child Health Nurse</td></tr> <tr><td>5</td><td>Obstetrician</td></tr> <tr><td>6</td><td>General Practitioner</td></tr> <tr><td>7</td><td>Other (please specify below)</td></tr> </table>	1	Midwife	2	Aboriginal Health Worker	3	Registered Nurse	4	Child Health Nurse	5	Obstetrician	6	General Practitioner	7	Other (please specify below)
1	Midwife																
2	Aboriginal Health Worker																
3	Registered Nurse																
4	Child Health Nurse																
5	Obstetrician																
6	General Practitioner																
7	Other (please specify below)																
138	<p>[other_profession_4_0]</p> <p>Show the field ONLY if: [profession_4_0]='7'</p>	1.1b What is your profession?	notes														
139	[professional_for_how_long]	1.2 How long have you been a health professional?	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>Under 5 years</td></tr> <tr><td>2</td><td>6-10 Years</td></tr> <tr><td>3</td><td>11-15 years</td></tr> <tr><td>4</td><td>16-20 years</td></tr> <tr><td>5</td><td>20 years plus</td></tr> </table>	1	Under 5 years	2	6-10 Years	3	11-15 years	4	16-20 years	5	20 years plus				
1	Under 5 years																
2	6-10 Years																
3	11-15 years																
4	16-20 years																
5	20 years plus																
140	[location_4_0]	1.3 Please select the region/location in which you work.	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>Great Southern</td></tr> <tr><td>2</td><td>Southwest</td></tr> <tr><td>3</td><td>Goldfields</td></tr> <tr><td>4</td><td>Kimberly</td></tr> <tr><td>5</td><td>Pilbara</td></tr> <tr><td>6</td><td>Midwest</td></tr> <tr><td>7</td><td>Wheatbelt</td></tr> </table>	1	Great Southern	2	Southwest	3	Goldfields	4	Kimberly	5	Pilbara	6	Midwest	7	Wheatbelt
1	Great Southern																
2	Southwest																
3	Goldfields																
4	Kimberly																
5	Pilbara																
6	Midwest																
7	Wheatbelt																
141	[aboriginal_or_tsi_0]	1.4 Would you like to tell us your Aboriginal or Torres Strait Islander Status?	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>No thank you</td></tr> <tr><td>2</td><td>I am not Aboriginal or a Torres Strait Islander</td></tr> <tr><td>3</td><td>I identify as Aboriginal or Torres Strait Islander</td></tr> </table>	1	No thank you	2	I am not Aboriginal or a Torres Strait Islander	3	I identify as Aboriginal or Torres Strait Islander								
1	No thank you																
2	I am not Aboriginal or a Torres Strait Islander																
3	I identify as Aboriginal or Torres Strait Islander																
142	[hear_about_4_0]	<p>Section Header: <i>Section 2. Background.</i></p> <p>2.1 How did you hear about the WACHS Telehealth Lactation Consultancy service? please tick all that apply.</p>	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>hear_about_4_0__1</td><td>A patient request information/refe</td></tr> <tr><td>2</td><td>hear_about_4_0__2</td><td>Internal WACHS advertising</td></tr> <tr><td>3</td><td>hear_about_4_0__3</td><td>Word of mouth at my workplace</td></tr> <tr><td>4</td><td>hear_about_4_0__4</td><td>Social media</td></tr> </table>	1	hear_about_4_0__1	A patient request information/refe	2	hear_about_4_0__2	Internal WACHS advertising	3	hear_about_4_0__3	Word of mouth at my workplace	4	hear_about_4_0__4	Social media		
1	hear_about_4_0__1	A patient request information/refe															
2	hear_about_4_0__2	Internal WACHS advertising															
3	hear_about_4_0__3	Word of mouth at my workplace															
4	hear_about_4_0__4	Social media															

			<table border="1"> <tr> <td>5</td> <td>hear_about_4_0__5</td> <td>Google search</td> </tr> <tr> <td>6</td> <td>hear_about_4_0__6</td> <td>I am a Lactation Consultant working in the service</td> </tr> <tr> <td>7</td> <td>hear_about_4_0__7</td> <td>Other (please specify below)</td> </tr> </table>	5	hear_about_4_0__5	Google search	6	hear_about_4_0__6	I am a Lactation Consultant working in the service	7	hear_about_4_0__7	Other (please specify below)
5	hear_about_4_0__5	Google search										
6	hear_about_4_0__6	I am a Lactation Consultant working in the service										
7	hear_about_4_0__7	Other (please specify below)										
143	<p>[other_how_did_you_hear_4_0]</p> <p>Show the field ONLY if: [hear_about_4_0(7)]='1'</p>		notes									
144	<p>[f2f_1c]</p>	2.2 Does your maternity service currently, or plan to, offer a face-to-face lactation consultancy specialist service?	<p>dropdown</p> <table border="1"> <tr> <td>1</td> <td>Yes, currently on offer</td> </tr> <tr> <td>2</td> <td>No, but plans to</td> </tr> <tr> <td>3</td> <td>No</td> </tr> <tr> <td>4</td> <td>Unsure</td> </tr> </table>	1	Yes, currently on offer	2	No, but plans to	3	No	4	Unsure	
1	Yes, currently on offer											
2	No, but plans to											
3	No											
4	Unsure											
145	<p>[simple_process]</p> <p>Show the field ONLY if: [hear_about_4_0(7)]='0'</p>	<p>Section Header: <i>Section 3. Referrals.</i></p> <p>3.1 Did you find the referral process simple?</p>	<p>yesno</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Custom alignment: RH</p>	1	Yes	0	No					
1	Yes											
0	No											
146	<p>[if_not_why]</p> <p>Show the field ONLY if: [simple_process]='0'</p>	3.1b If not, why?	notes									
147	<p>[referrals]</p> <p>Show the field ONLY if: [hear_about_4_0(7)]='0'</p>	3.2 Approximately, how many referrals have you sent since the program began in 2021?	<p>dropdown</p> <table border="1"> <tr> <td>1</td> <td>Under 10</td> </tr> <tr> <td>2</td> <td>10-20</td> </tr> <tr> <td>3</td> <td>20 plus</td> </tr> </table>	1	Under 10	2	10-20	3	20 plus			
1	Under 10											
2	10-20											
3	20 plus											
148	<p>[continue_to_refer]</p> <p>Show the field ONLY if: [hear_about_4_0(7)]='0'</p>	3.3 Will you continue to refer patients to the Telehealth Lactation Consultancy service?	<p>yesno</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Custom alignment: RH</p>	1	Yes	0	No					
1	Yes											
0	No											
149	<p>[if_not_why_refer_more]</p> <p>Show the field ONLY if: [continue_to_refer]='0'</p>	3.3b If not, why?	notes									
150	<p>[further_feedback]</p> <p>Show the field ONLY if: [hear_about_4_0(7)]='0'</p>	3.4 Can you offer any further feedback on the referral process?	notes									

151	<p>[technology_4_0]</p> <p>Show the field ONLY if: [hear_about_4_0(7)]='1'</p>	<p>Section Header: <i>Section 4. Staff running the program/technology:</i></p> <p>4.1 What platform do you use to provide lactation support? Tick all that apply.</p>	<p>checkbox</p> <table border="1" data-bbox="1027 120 1406 376"> <tr><td>1</td><td>technology_4_0__1</td><td>Zoom</td></tr> <tr><td>2</td><td>technology_4_0__2</td><td>Teams</td></tr> <tr><td>3</td><td>technology_4_0__3</td><td>Avaya</td></tr> <tr><td>4</td><td>technology_4_0__4</td><td>Phone</td></tr> <tr><td>5</td><td>technology_4_0__5</td><td>Other</td></tr> </table>	1	technology_4_0__1	Zoom	2	technology_4_0__2	Teams	3	technology_4_0__3	Avaya	4	technology_4_0__4	Phone	5	technology_4_0__5	Other
1	technology_4_0__1	Zoom																
2	technology_4_0__2	Teams																
3	technology_4_0__3	Avaya																
4	technology_4_0__4	Phone																
5	technology_4_0__5	Other																
152	<p>[other_technology]</p> <p>Show the field ONLY if: [technology_4_0(5)]=1</p>		<p>notes</p>															
153	<p>[agree_disagree5]</p> <p>Show the field ONLY if: [hear_about_4_0(7)]='1'</p>	<p>4.2 Please indicate whether you agree or disagree with the following statements:</p>	<p>descriptive</p>															
154	<p>[easy_4_0]</p> <p>Show the field ONLY if: [hear_about_4_0(7)]='1'</p>	<p>The technology was easy to use</p>	<p>radio (Matrix)</p> <table border="1" data-bbox="1027 804 1315 1010"> <tr><td>1</td><td>Agree</td></tr> <tr><td>2</td><td>Somewhat Agree</td></tr> <tr><td>3</td><td>Somewhat Disagree</td></tr> <tr><td>4</td><td>Disagree</td></tr> </table>	1	Agree	2	Somewhat Agree	3	Somewhat Disagree	4	Disagree							
1	Agree																	
2	Somewhat Agree																	
3	Somewhat Disagree																	
4	Disagree																	
155	<p>[internet_4_0]</p> <p>Show the field ONLY if: [hear_about_4_0(7)]='1'</p>	<p>I had adequate internet speed and access to join the service.</p>	<p>radio (Matrix)</p> <table border="1" data-bbox="1027 1061 1315 1267"> <tr><td>1</td><td>Agree</td></tr> <tr><td>2</td><td>Somewhat Agree</td></tr> <tr><td>3</td><td>Somewhat Disagree</td></tr> <tr><td>4</td><td>Disagree</td></tr> </table>	1	Agree	2	Somewhat Agree	3	Somewhat Disagree	4	Disagree							
1	Agree																	
2	Somewhat Agree																	
3	Somewhat Disagree																	
4	Disagree																	
156	<p>[audio_4_0]</p> <p>Show the field ONLY if: [hear_about_4_0(7)]='1'</p>	<p>The audio worked well and was clear.</p>	<p>radio (Matrix)</p> <table border="1" data-bbox="1027 1314 1315 1520"> <tr><td>1</td><td>Agree</td></tr> <tr><td>2</td><td>Somewhat Agree</td></tr> <tr><td>3</td><td>Somewhat Disagree</td></tr> <tr><td>4</td><td>Disagree</td></tr> </table>	1	Agree	2	Somewhat Agree	3	Somewhat Disagree	4	Disagree							
1	Agree																	
2	Somewhat Agree																	
3	Somewhat Disagree																	
4	Disagree																	
157	<p>[video_4_0]</p> <p>Show the field ONLY if: [hear_about_4_0(7)]='1'</p>	<p>The video worked well and was clear.</p>	<p>radio (Matrix)</p> <table border="1" data-bbox="1027 1568 1315 1774"> <tr><td>1</td><td>Agree</td></tr> <tr><td>2</td><td>Somewhat Agree</td></tr> <tr><td>3</td><td>Somewhat Disagree</td></tr> <tr><td>4</td><td>Disagree</td></tr> </table>	1	Agree	2	Somewhat Agree	3	Somewhat Disagree	4	Disagree							
1	Agree																	
2	Somewhat Agree																	
3	Somewhat Disagree																	
4	Disagree																	
158	<p>[clinical_ass]</p> <p>Show the field ONLY if: [hear_about_4_0(7)]='1'</p>	<p>The video was good enough quality for clinical assessment</p>	<p>radio (Matrix)</p> <table border="1" data-bbox="1027 1821 1315 2027"> <tr><td>1</td><td>Agree</td></tr> <tr><td>2</td><td>Somewhat Agree</td></tr> <tr><td>3</td><td>Somewhat Disagree</td></tr> <tr><td>4</td><td>Disagree</td></tr> </table>	1	Agree	2	Somewhat Agree	3	Somewhat Disagree	4	Disagree							
1	Agree																	
2	Somewhat Agree																	
3	Somewhat Disagree																	
4	Disagree																	
159	<p>[management_4_0]</p>	<p>Management supports the service and provides adequate space, time and equipment</p>	<p>radio (Matrix)</p> <table border="1" data-bbox="1027 2074 1315 2136"> <tr><td>1</td><td>Agree</td></tr> </table>	1	Agree													
1	Agree																	

	Show the field ONLY if: [hear_about_4_0(7)]='1'	required to deliver lactation support through Telehealth.	<table border="1"> <tr><td>2</td><td>Somewhat Agree</td></tr> <tr><td>3</td><td>Somewhat Disagree</td></tr> <tr><td>4</td><td>Disagree</td></tr> </table>	2	Somewhat Agree	3	Somewhat Disagree	4	Disagree
2	Somewhat Agree								
3	Somewhat Disagree								
4	Disagree								
160	[job_satisfaction] Show the field ONLY if: [hear_about_4_0(7)]='1'	4.3 On a scale of 1-10, please indicate your job satisfaction level when facilitating Lactation Consultancy via Telehealth compared to face-to-face (10 very satisfied, 1 very unsatisfied)?	slider (number, Min: 1, Max: 10) Slider labels: 1, 5, 10 Custom alignment: RH						
161	[where] Show the field ONLY if: [hear_about_4_0(7)]='1'	4.4 Did you run the session from work or elsewhere?	dropdown <table border="1"> <tr><td>1</td><td>My place of work</td></tr> <tr><td>2</td><td>Home</td></tr> <tr><td>3</td><td>Other (please specify below)</td></tr> </table> Custom alignment: RH	1	My place of work	2	Home	3	Other (please specify below)
1	My place of work								
2	Home								
3	Other (please specify below)								
162	[other_run_4_0] Show the field ONLY if: [where]='3'	Please specify.	notes						
163	[able_to_help]	Section Header: <i>Section 5. Satisfaction.</i> 5.1 Do you feel that you are able to help women using Telehealth?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No		
1	Yes								
0	No								
164	[f2f_more_effective]	5.2 For those women living in a regional centre, do you think face-to-face appointments are more effective?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No		
1	Yes								
0	No								
165	[good_option]	5.3 For those women living remote, do you feel telehealth Lactation Consultancy services are a good option?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No		
1	Yes								
0	No								
166	[what_do_you_think]	5.4 What do you think some of the barriers are to Telehealth lactation consultant care?	notes Custom alignment: RH						
167	[accessible]	5.5 Do you feel the Lactation Consultation Telehealth Service is accessible for all women including those from non-English speaking background, those with a disability or those facing social disadvantage?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No		
1	Yes								
0	No								
168	[accessible_explain]	5.5b Please elaborate if you wish.	notes						
169	[like_about_th]	5.6 What do you like about Telehealth lactation consultant care?	notes Custom alignment: RH						
170	[what_do_you_prefer]	5.7 Overall, which mode of delivery do you prefer?	dropdown <table border="1"> <tr><td>1</td><td>Face-to-face lactation support</td></tr> </table>	1	Face-to-face lactation support				
1	Face-to-face lactation support								

			<table border="1"> <tr> <td>2</td> <td>Telehealth Lactation Consultancy support</td> </tr> <tr> <td>3</td> <td>Combination</td> </tr> </table> <p>Custom alignment: RH</p>	2	Telehealth Lactation Consultancy support	3	Combination		
2	Telehealth Lactation Consultancy support								
3	Combination								
171	[anything_else]	5.8 Is there anything else you would like to tell us (Positive or negative feedback)?	notes Custom alignment: RH						
172	[thankyou_4_0]	<p>If you feel you need support following the completion of this survey, please see the below resources:</p> <p>Nurse and Midwife support 24/7: ph. 1800667877 Employee Assistance Program: Provided by WACHS Doctors support line: Doctors for Doctors. www.drs4drs.com.au/getting-help ph. 1300374377</p>	descriptive						
173	[telehealth_lactation_consultancy_staff_survey_tool_complete]	<p>Section Header: <i>Form Status</i></p> <p>Complete?</p>	<p>dropdown</p> <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: Phase Two (phase_two)  Enabled as survey			[collapsed]						