

An audit of website enquiries to a specialist research unit

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Abstract

Background: Functioning as a specialist research unit with a website offering the opportunity for enquiry submission requires provision of up-to-date, relevant information and the ability to direct the patient seeking specific clinical advice to the health care professional responsible for their care. This paper reports on an audit of enquiries submitted to a specialist wound healing research unit (WHRU) in the UK from December 2001 to May 2003.

Objectives: To establish the number of on-line enquiries received in a 17-month period and to identify the nature or subject of the on-line enquiry. **Results:** There were a total of 285 enquiries for the 17-month period from December 2001–May 2003. Enquiries from the UK represented 66% (n=188) of the total. Subjects ranged from provision of educational courses to requests for general wound management information. In terms of the professional background of the individuals; Health Care Professionals (HCPs) and Professions Allied to Medicine (PAMs) accounted for 74% (n=212) of the total number of enquiries. **Conclusions:** Having a website means that many individuals can access information more easily and strategies need to be in place to deal with such requests. **Declaration of Interest:** None.

KEY WORDS

Wound care
Web-based education
Internet enquiries
Research unit

Household ownership of computers in Britain has increased from 34% in 1998 to 50% in 2001 (Department of Health, 2002) subsequently allowing individuals to access the World Wide Web more easily.

The present government previously estimated that by 2005 all homes in the UK would have internet access (While, 2000), and although it is likely that some remain without, the majority now have access to a wealth of medical (Diaz et al, 2002), health (Biley et al, 2001), and educational information (Coull, 2005; Unsworth and Boon, 1999).

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Health-related websites

It has been suggested that there are as many as 100,000 health-related sites on the Internet (Eysenbach and Diegpen, 1999) meaning that any search could result in vast quantities of information unless the user employs very specific search criteria.

In general, health-related websites may serve a number of different functions; they may provide consumer information, or be in the form of a support group. The site may offer sales of medical equipment and medicines. Conversely, the site may offer medical advice, and indeed, encourage individuals to submit medical enquiries (Eysenbach and Diegpen, 1998). It is these sites that are of particular concern because the author of the site is not always clear and, furthermore, the site may not be supported by individuals with any medical training. The danger with this unlimited access and the dubious value of some sites is that the information provided is not always credible (Unsworth and Boon, 1999) and can at worst be misleading (Impicciatore et al, 1997).

The NHS Executive published a report in 2000 whereby patient

involvement in care is being promoted (Department of Health, 2000). Increasingly, practitioners are faced with a more informed client, often equipped with literature discovered on the Internet (Pollard, 2000). Diaz et al (2002) suggested that practitioners should be in a position to direct patients to helpful resources and be able to evaluate information for patients as well as themselves (Sheppard et al, 1999). Furthermore, the implications are that enquiries from a more informed public will continue to grow as public access to health information increases (NHS Executive, 1998).

Although a search did identify existing codes of practice for Internet service providers (Hawkes, 1997) and eHealth Ethics initiatives (Internet Healthcare Coalition, 2000), at the present time there seems to be limited regulation of the Internet. The same criticisms, however, can be voiced in terms of the information provided in written literature, although there are criteria in place for reviewing healthcare-related literature (Charnock, 1998).

What the Internet does provide is a rapid means of communication between individuals without being limited by

geographical boundaries (While, 2000), making it easier to access and share information at a distance.

Background to the WHRU

The wound healing research unit (WHRU) has a large patient base in the South Wales area and receives referrals from a variety of sources in the National Health Service both locally and nationally. With a wide range of collaborations, the WHRU provides expertise in biological, biophysical, clinical, and health outcomes research. In addition, the educational activities of the unit range from courses for the medical and nursing profession to a web-based Post Graduate (PG) Diploma/MSc in Wound Healing and Tissue Repair for multi-professionals.

Aim/objectives of the audit

The (WHRU) website was developed for two main purposes; to share information on the work undertaken by the unit in terms of clinical and research activities and also to act as a mechanism to recruit potential students for the educational courses provided. Enquiries from patients and their relatives in addition to more general requests for information were expected although exact figures were not anticipated.

Primary aims:

- ▶▶ To establish the number of on-line enquiries received by the WHRU in a 17-month period
- ▶▶ To identify the nature or subject of the on-line enquiries.

Secondary aims:

- ▶▶ To determine the country of origin of the enquiries
- ▶▶ To ascertain the usage in terms of gender.

Method

The WHRU website was launched at the end of November 2001; there were complete data available for evaluation from December of that year therefore the evaluation was undertaken from this time until May 2003. This period was also felt to represent a sufficient spread of data that encompassed natural seasonal fluctuations in enquiries

that might be expected, such as those that might coincide with applications for courses. Initially, a copy of all the enquiries were printed off as a list, and this provided a record of 285 enquiries for the period outlined and included information on the enquirer's name, gender, country of origin, and nature of the enquiry.

Monitoring of enquiries on a daily basis was carried out by the course administrator for the PG Diploma/MSc Course; these were then forwarded to the relevant staff in the unit. The course administrator was able to deal directly with any MSc-related enquiry, however, any enquiry of a clinical nature or those that requested information were dealt with by educational/clinical staff. Enquiries from patients and their relatives with regards to ongoing wound management issues were dealt with by one of three lecturers in the education department of the WHRU and a standard response was issued in the first instance (*Figure 1*); supplementary and appropriate website

addresses were supplied for further information, e.g. patients enquiring about pilonidal sinus (PS) management were provided with a link to an article on the World Wide Wounds site (Miller and Harding, 2003)

A record of the enquiry was permanently stored on the 'on-line' enquiry section of the website and a hard copy of the enquiry together with the response was kept on file.

As there was no database set up, a hand search of these data was undertaken to identify the number of enquiries and their nature. Additionally the country of origin and the gender of the enquirer, where available, were noted.

Results

There were a total of 285 enquires for the 17-month period from December 2001–May 2003. Enquiries from the UK represented 65.9% (n=188) of the total (*Figure 2*). In addition, 65.6% (n=187) were from females (not shown).

As you will appreciate, solutions to wound-healing problems in patients are not easily found. The WHRU runs an educational, research, and clinical service for local patients in South Wales. While appreciating the problems you have outlined in your enquiry, we are unable to provide comprehensive clinical advice based on written information. The most appropriate person to provide help and advice is the healthcare professional dealing with this individual case. I would therefore urge you to contact him/her ensuring they are informed of the problems you are currently facing. They should then be in a position to provide you with the most appropriate advice and information.

For further information on [add subject] visit [add web address]
There also follows a disclaimer relating to information accessed once you have left the WHRU site.

Please note that by visiting this link you will be leaving the WHRU website. The WHRU has no control over, and is not responsible for, any content you encounter beyond the WHRU website.

We are sorry we cannot be of more practical help to you but trust you will find a solution to your problems.

Wound Healing Research Unit

Figure 1. Standard response.

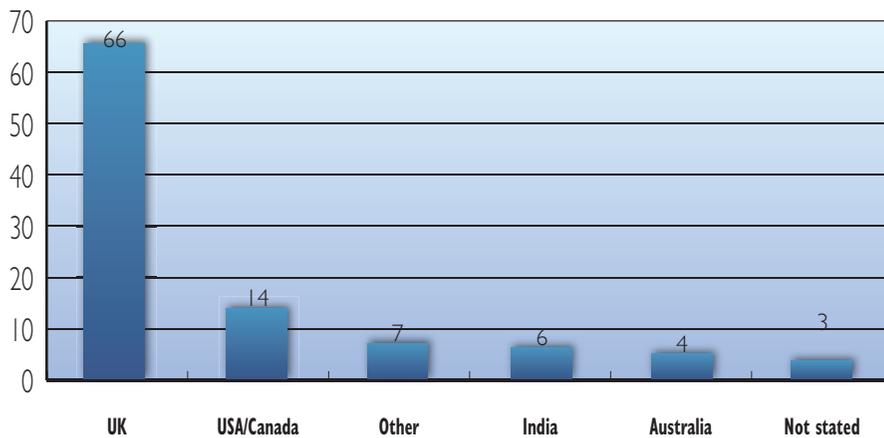


Figure 2. Enquiries by country.

Enquiries for the MSc course represented 30% (n=86) and requests for information 29% (84) (Figure 3). Many of the enquiries posted on the 'Requests for Information' category were from individuals requiring articles or research on subjects ranging from the care of cavity wounds to those undertaking a thesis requesting help with their literature search. A few communications were from colleagues in the veterinary field asking about the relevance of the management of wounds in humans and its transferral to animals.

The category of 'other' enquires accounted for 18% of the total (n=51) and related to clinical information on leg ulcers, pharmaceuticals, pressure ulcers, education (other than the MSc course), scars, requests for employment and patient referrals to the WHRU. A number of the enquiries related to the use of honey and scar management products. Interestingly, but not surprisingly, this coincided with media coverage that raised people's awareness of these topics.

Enquiries relating to PS disease accounted for 15% of the total (n=41) and were often from individuals who had undergone surgical procedures many times and had ongoing problems with infection. A few enquiries were from those who had just been diagnosed with this problem, with a number of individuals being directed to our site from a PS self-help group site.

Once accepted onto the MSc

programme, students are given their own homepage for communication with lecturers, however, sometimes the student inadvertently uses the WHRU enquiry on-line form instead of the MSc site.

A number of enquiries (8%, n=23) were from existing students studying the MSc in Wound Healing and Tissue Repair. Once accepted onto the MSc programme, students are given their own homepage for communication with lecturers. Sometimes, however, due to technical difficulties, they may choose to use the WHRU enquiry on-line form instead of the MSc site; a situation that is not encouraged.

In terms of the professional background of the individuals, healthcare professionals (HCPs) and professions allied to medicine (PAMs) accounted for 74% (n=212) of the total number of enquiries. A further 14% (n=39) were from individuals with ongoing wound problems, 8% (n=22) from relatives of individuals, 3% (n=9) from pharmaceutical companies expressing business interest and 1% (n=3) did not state their background (Figure 4).

Discussion

The audit revealed that the enquiry facility on the website was being used as originally planned: for prospective students and as a more general resource for individuals seeking information. It is obvious that the website is being accessed by many individuals in the UK.

For future development, the WHRU may need to look at how the website can be accessed more easily by individuals in other countries.

When the website was being planned it was decided that it was not there as a telemedicine resource or indeed for diagnosing and treating patients. Although enquiries from individuals and their relatives did account for a small percentage of the total (22%), it is appreciated that there are individuals with continuing wound management problems who are directed via the website to the relevant HCP caring for them.

Currently there are no plans to develop this as an e-health or telemedicine resource, in part due to the inherent difficulties of providing long-distance, on-line health advice, specifically in terms of manpower and technical resources. Further issues identified by previous authors (Rodrigues, 2000; Hoyman, 2001) in the US include the difficulty of providing advice based on information supplied solely by the patient; in addition, state boundaries and the provision of medical advice need to be considered (Hoyman, 2001). Finally, the legal aspects of providing advice on-line and data protection issues in terms of medical records and clinical images would need to be attended to (Klein and Manning, 1995) as once data are sent via the web, confidentiality cannot be guaranteed (Hoyman, 2001).

Furthermore, there is little published evidence to confirm whether or not telemedicine is a cost effective alternative to standard health care delivery (Wootton, 2001). Therefore further evidence is required to support its widespread use and certainly before governments are willing to invest money into such a venture (Wootton, 2001).

Traditionally, the MSc course has been advertised in wound-related journals which has been a successful method of reaching prospective students. However, having the information provided on-line has

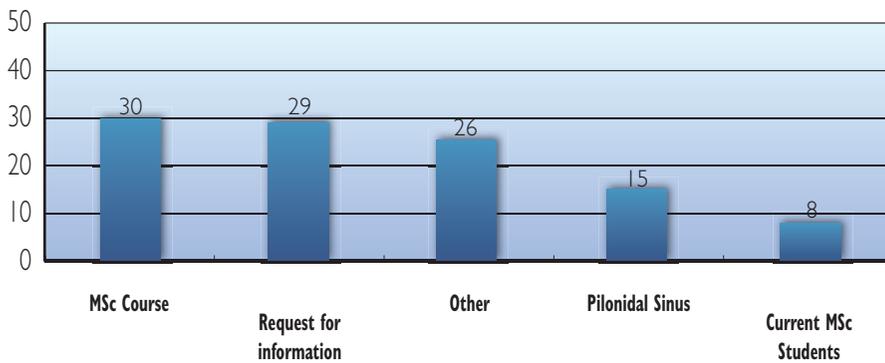


Figure 3. Enquiries by subject.

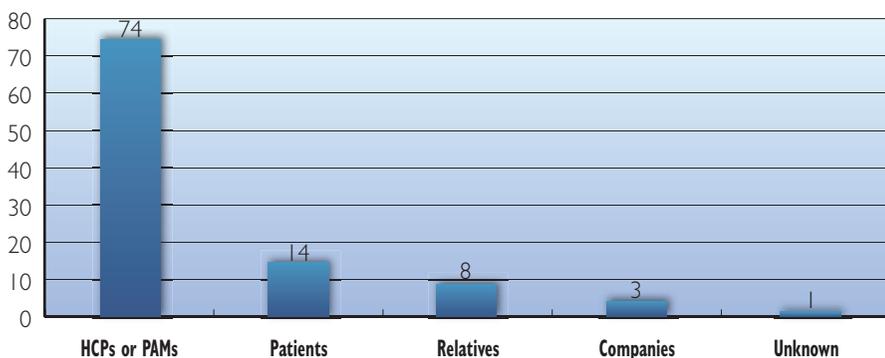


Figure 4. Enquiries by professional background.

meant the students are able to read the prospectus, submit an enquiry for further details and, more recently, apply on-line.

The education department of the WHRU has seen a marked increase in enquiries over the last five years, from thirty one in the year 2000 (pre-website), to two hundred and twenty in 2001, which coincided with the launch of the website. For 2005 the WHRU has had one hundred and fifty enquiries for 32 places. It can therefore be concluded that advertising the course on the website is an effective means of attracting prospective students.

Conclusion

The amount of information available on the Internet is increasing, as is the usage world wide. Research units such as the one discussed here need

to be aware that having a website means that many individuals can access information more easily and strategies need to be in place to deal with such requests for information. As a consequence, authors of the website need to continue to provide sources of information that are accurate and up-to-date and ensure that any clinical enquiries are dealt with professionally. Ongoing evaluations will continue to ensure that the information provided is targeting the right audience and supplying the appropriate responses.

In terms of development of the WHRU website, there are a number of improvements that will be examined following this evaluation, especially in terms of undertaking an audit of such information. This will include improved data collection

techniques and databases to include: type of enquiry; the country the enquiry is being submitted from (not just nationality); and how the website was accessed (directly from a search engine or from a link elsewhere). It is envisaged that these changes will aid future audits and ensure that the quality of information is maintained. [WUK](#)

References

Biley A, Robbe I, Laugharne C (2001) Sources of health information for people with cancer. *Br J Commun Nurs* **10**(2): 102-6

Charnock D (1998) *The DISCERN Handbook: Quality Criteria for Consumer Health Information on treatment Choices*. Radcliffe Medical Press, Abingdon. Available at www.discern.org.uk/discern_instrument.htm (accessed 15/6/05)

Key Points

- ▶ The use of the Internet as a source of information is increasing and practitioners need to be aware of credible resources that can be accessed by patients and their relatives.
- ▶ Providers of web-based information need to be aware of the potential users of such material to ensure that any enquiries are dealt with in a professional manner.
- ▶ Authors of the website need to continually provide sources of information that are accurate and up-to-date to ensure clinical enquiries are dealt with professionally.
- ▶ Websites can provide a useful means of recruiting prospective students both nationally and internationally.

Coull A (2005) Innovative web-based distance learning. *Wounds UK* 1(1): 56–61

Department of Health (2000) The NHS Plan: A plan for investment, a plan for reform. www.doh.gov.uk/nhs-plan/exec.htm (accessed 15/6/05)

Department of Health (2002) *Living in Britain: The 2001 General Household Survey*. HMSO, London

Diaz JA, Griffith MD, Ng JJ, et al (2002) Patient's use of the internet for medical information. *J Gen Intern Med* 17: 180–55

Eysenbach G, Diegpen TL (1998) Responses to unsolicited patient e-mail requests for medical advice on the World Wide Web. *JAMA* 280: 1333–5

Eyensenbach G, Ryoung SAE, Diegpen TL (1999) Shopping around the internet today and tomorrow: towards the millennium of cyber medicine. *Br Med J* 319: 1294

Hawkes M (1997) Internet Code of Practice. www.internet.org.uk/icop.html (accessed 15/6/05)

Hoyman K (2001) WIC Practice in Cyberspace: Legal and Ethical Issues. *JWOCN* 28(4): 190–8

Impicciatore P, Pandolfini C, Casells N, et al (1997) Reliability of health information for the public on the World Wide Web: systematic survey of advice on managing fever in children at home. *Br Med J* 314: 7098

Internet Healthcare Coalition (2000) eHealth Code of Ethics. eHealth Ethics Initiative. www.ihealthcoalition.org/ethics/ehealthcode0524 (accessed 15/6/05)

Klein SR, Manning WL (1995) Telemedicine and the Law. *Journal of the Healthcare Information Management Systems Society* (Summer)9(3): 35–40

Miller D, Harding KG (2003) Pilonidal sinus disease. (<http://www.worldwidewounds.com/2003/december/Miller/Pilonidal-Sinus.html>). Date last accessed: 27/09/05

NHS Executive (1998) Information for Health: An Information Strategy for the modern NHS. HSC 1998/168. Leeds. NHSE.

Available at www.doh.gov.uk/ipu/strategy/hsc/hsc.pdf (accessed 15/6/05)

Pollard T (2000) The information technology challenge for the NHS. *Br J Commun Nurs* 5(9): 421

Rodrigues RJ (2000) Ethical and Legal Issues in Interactive Health Communications: A Call for International Cooperation. *J Med Internet Res* 2,1, e8

Sheppard S, Charnock D, Gann B (1999) Helping patients access high quality health information. *Br Med J* 319: 764–6

Sibson L (1999) Telemedicine within primary care. *Practice Nursing*. 10(17): 12–15

Unsworth J, Boon H (1999) Developing Internet-based wound care information. *Br J Commun Nurs* 4(9): 426–35

While A (2000) e-healthcare cannot be ignored. *Br J Commun Nurs* 5(4): 203

Wootton R (2001) Telemedicine. *Br Med J* 323(7312): 557–60

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