

Thank you very much for your interesting and helpful suggestions on our manuscript.

Point 1: The authors state that patients were selected randomly. As far as I can tell, this refers to which patients were asked to participate. But there is no information regarding how many patients agreed to or declined to participate. The participating patients may differ in important ways from those who declined. They may have stronger opinions about VAD. There is no information that allows us to assess this.

Response 1: 53 Patients were asked to participate in the study. Since only three patients (5,7 %) declined, it is statistically not significant to analyse these patients further with regards to their opinions towards VAD therapy.

This information needs to be included in the manuscript. It is relevant for assessing the claim that the participants were selected randomly. I also wonder a bit about the actual method of randomization. Were potential participants selected randomly from the entire pool of patients? Or were patients randomly asked to participate as they came into the clinic. If the second, it seems like there may be differences in terms of which patients come in the morning, afternoon, etc.

Point 2: Related to the above point: the authors do not assess whether the resulting sample is representative of the VAD patient population.

Response 2: Related to the answer to the first question, the resulting sample is definitely representative to our VAD patients' population.

Ok, but it may be worth giving the readers some more information to assess this themselves. For example, 90% of the participants are men. Is that really representative of the patient population? I don't know anything about it, so I'm not sure.

Point 3: The selection of patients is limited to those with VAD, but it could also be important to understand the reasons why some patients declined VAD if it was an option for them. This should at least be explored as a limitation..

Response 3: Thank you for your advice; we added the limitations after the conclusion.

I believe this is the added text: "All patients who are eligible for VAD therapy in our clinic are not explicitly asked and the reasons documented why some patients decline VAD therapy and if one reason might be the presence or the absence of telemedical support." This should be rewritten as it is hard to understand.

Point 4: 50 is quite a small sample. Furthermore, there are no inferential statistics. As such, we really can't conclude whether certain reported percentages are greater than others. For example: the authors write, "In the second part the survey showed large differences among

patients with regard to the number of their in-hospital stays in the year 2017 and 2018," but I highly doubt these percentages are statistically significant different from one another.

Response 4: You are absolutely right that 50 is a small sample; therefore we added this point as a limitation to the paper. We did not refer to the figures as statistically significant but we took the liberty to see at least a trend with regard to in-hospital stay.

Point 5: I could not find a record of the statements that patients were presented with. This leads to two problems. First, it is impossible to assess whether the statements were worded comprehensibly or might have biased respondents in some way. Second, I cannot clearly interpret what the results mean. For example, the authors write, "42% (n=21) of respondents had positive expectations associated with the use of telemedicine": Were respondents asked, "do you have positive expectations associated with the use of telemedicine?" or is this the author's summary of what the respondents were in fact asked?.

Response 5: The questionnaire has been designed in such a way as to avoid any biased responses. We have included the questionnaire at the end of this document.. As you can see from the questionnaire, the expectations of the VAD patients regarding telemedical support were assessed by a number of questions which were designed to the Likert scale in order to minimize any bias.

Point 6: Related to the point above: Some of the findings include words like "expectations" which imply that patients were asked about their prospective opinions/perceptions. But the study is described as retrospective. Again, it is necessary to see exactly what participants were asked. It is also difficult to understand some of the findings. For example, I did not know what the following means: "expectations regarding a better exchange of experience with the clinic". This may simply be an issue of translation.

Response 6: The wording of the question was: „I expect to be able to report my experiences with the VAD to the clinic in a more comfortable way“. The paragraph in the manuscript has been ammended in the following way: “Expectations regarding in a better feedback of experiences to the clinic while on VAD support“.

Why not just use the wording from the questionnaire?

Point 7: I do not know what the percentages in the Results section represent. Participants answered on a Likert scale. Presumably the authors aggregated responses (such as strongly agree and agree) to arrive at these percentages, but this is not described. Furthermore, when I try to arrive at these percentages myself by adding percentages in the pie charts, I am finding inaccuracies. There are also percentages reported in the Discussion, but I am unclear where these come from.

Response 7: Thank you for the valuable comment. As you correctly presumed, we aggregated responses in the the way you described; we added the information to the paper. Your advices concerning to the inaccuracies helped us to eliminate them.

Your reference to percentages for which no graph appears can be explained by the limitation of the number of graphs / tables in the manuscript which we wanted to adhere to so as not to impair readability. Nevertheless, we wanted to mention the results of the questionnaire in context.

There are still some errors, e.g. “In total 54% (n=27) expected an improvement in care. 34% (n=17) were uncertain, only 205 10% (n=5) saw little / no chance that their own ideas of improved care could be really put 206 in practice” The 54 should be 56 I believe.

Point 8: The authors say patient consent was waived due to anonymity, but this is not a sufficient reason to waive patient consent.

Response 8: We had already received this hint from the Journal team. In the questionnaire, we informed the participants that filling out the questionnaire implied their consent for use in context with publications.

Of the 53 patients originally approached, three decided not to participate. The active participants in the study were therefore willing to make the data available for publication. The wording in the paper has not yet been corrected by us. It should have been changed already but we failed to do so. We can correct it now – thanks to your advice.

In the spirit of constructive criticism, I suggest the authors consider doing a qualitative analysis of their findings (they said there were some open-ended responses). The sample size is small enough to represent a useful pilot study to uncover important issues for more rigorous, quantitative assessment. The authors might also consider delving deeper into differences among patients in their sample. For example, do patients who live further from care have more positive opinions of telemedicine (qualitatively) than those who live near to care?

Thank you very much for your constructive criticism, however as we already pointed out since the questionnaires and the data obtained were anonymized, we have no means to further analyse our data set in the way you suggested. Therefore, we cannot provide any data regarding the impact of living nearby or further away on the acceptance of telemedical support.



Telemedicine Survey
questionnaire.pdf