



Newfoundland and Labrador Telehealth Program Health Care Provider Satisfaction Survey

This survey is being conducted to assist with ongoing quality assurance of the Newfoundland and Labrador Telehealth Program. Your feedback is very important in evaluating telehealth services.

Participation in the survey is voluntary. All responses, given on this form, will be kept confidential. The information you provide will be combined with the information provided by other survey participants and individual responses will not be identified.

For the purposes of this survey, telehealth refers to the appointment or consultation between a provider and a patient at different locations via the Telehealth Program.
Once you have completed this survey, please place it in the envelope provided.

Section 1

Was this your first Telehealth consult? Yes No

Select type of consult: Initial Consult Follow-up Pre-operative Post-operative

Section 2

How much do you agree with the following statements?

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Not Applicable
I was satisfied with the session.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was able to present the same information I would have presented in person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was comfortable with my ability to interact with the patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was able to communicate with the health care professional at the other site.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt comfortable using the Telehealth technology.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend the use of Telehealth to colleagues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would use the Telehealth service again.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I received sufficient training on the Telehealth system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 3

How beneficial was the Telehealth consult in regards to the following, compared to an in-person visit?	Extremely Beneficial	Somewhat Beneficial	Not Beneficial
Initiated treatment earlier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevented deterioration of condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoided admission to hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient did not have to travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enabled more frequent access to patient (continuity of care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient waitlist was reduced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What changes, if any, would you suggest for improving the Telehealth service?
Please be as specific as possible.

Do you have any other comments or concerns regarding the Telehealth service that you would like to share?

For evaluation purposes, would you be willing to be contacted for an interview regarding your experiences with the Telehealth session? Yes No

If **Yes**, please complete this portion of the evaluation form. Thank you!

Name: _____

E-mail: _____

Phone #: _____

Thank you for taking the time to complete this questionnaire!

