

## Patient / Client / Resident or Family Member Satisfaction Survey

This survey is being conducted to help evaluate the Newfoundland and Labrador Telehealth Program. Your feedback is very important and will be used to improve Telehealth services.

Participation in the survey is voluntary and will not affect your health care in any way. All responses given 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. The survey takes approximately 5 minutes to complete.

For the purposes of this survey, Telehealth refers to the appointment or consultation between a provider and a patient at different locations via a teleconference session (i.e., video camera and video screen).

To start the survey please move to Question 1 below.

### 1. Why was your appointment set up as a Telehealth appointment? (Select all that apply)

- My health care provider suggested it
- I requested it for my convenience (e.g. saving travel time or money)
- I requested it because I couldn't travel
- I requested it to get access to a specialist
- I requested it to continue seeing the same provider
- Other (please specify):

### 2. If Telehealth were not available would you have:

- Travelled to see the health care provider in person
- Waited to see the health care provider at a travelling clinic
- Scheduled an appointment with a different, less preferable health care provider
- Not seen the health care provider at all
- Other (please specify):

**3. How far would you have to travel, roundtrip, for your appointment if Telehealth were not available?**

- 0-50 kilometres                       101-200 kilometres                       501-1,000 kilometres  
 51-100 kilometres                       201-500 kilometres                       more than 1,000 kilometres  
 Other (please specify):

**4. If Telehealth had not been available and you had had to travel for your appointment, what types of expenses would have been incurred?**

- Flight                       Child care                       Accommodations  
 Meals                       Gas                       Lost time from work  
 Other (please specify):

**5. Please provide your estimate for these expenses:**

\$

**6. Compared to wait times for in-person appointments, your wait time for Telehealth appointment was:**

- Much shorter      Somewhat shorter      About the same      Somewhat longer      Much longer      Difficult to say
- 

**7. How long did you wait for your Telehealth appointment since the day of booking it?**

Days:

**8. What is your preference with regards to Telehealth and in-person appointments?**

- I strongly prefer Telehealth appointments                       I somewhat prefer in-person appointments  
 I somewhat prefer Telehealth appointments                       I strongly prefer in-person appointments  
 I have no preference                       It depends on the situation

**9. Additional comments about your preferred type of appointments.**

**10. Would you use Telehealth again?**

- Yes                       No                       Not sure

**11. Please indicate your level of agreement or disagreement with each of the following statements:**

	Strongly agree	Moderately agree	Neither agree nor disagree	Moderately disagree	Strongly disagree
Telehealth made it easier for me to access a specialist/health care provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telehealth allowed me to see the same health care provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was provided with a clear explanation of what to expect during my appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technical difficulties did not delay the start of my appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The audio/video quality of my session allowed me to communicate without problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The quality of my Telehealth diagnosis or recommendation is similar to those received in-person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My Telehealth session was conducted with sufficient level of privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was satisfied with the overall quality of my Telehealth appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**12. Where did your Telehealth appointment take place?**

- At a health care facility
- At home - **Please move to Question 14**

**13. Which health care facility did you go to for your Telehealth appointment?**

**Please move to Question 18.**

**14. Did you use your own device for your In-home Telehealth?**

- Yes
- No - **Please move to Question 18**

**15. Did you receive any information explaining how to set-up your device prior to the appointment?**

- Yes
- No - **Please move to Question 17**
- Other (please specify)

**16. How useful was that information?**

- Very useful  Not useful  
 Somewhat useful  I have not received any information

**17. Were you able to successfully set up your device for the Telehealth session?**

- Yes  No  
 Other (please specify)

**18. How can we improve Telehealth?**

**19. What was the nature of your Telehealth appointment?**

- Initial consult  Pre-operative  Discharge planning  
 Follow-up  Post-operative  
 Other (please specify):

**20. Which type of practice/discipline was your Telehealth appointment part of?**

- General Practice  Oncology  Haematology  
 Nephrology  Surgery  Dietetics  
 Mental Health  Diabetes  
 Other (please specify)

**21. Which Regional Health Authority covers your current geographical location?**

- Eastern Health  Western Health  Not sure  
 Central Health  Labrador-Grenfell Health

**22. In which health care facility was your Telehealth health care provider located?**

**23. The health care provider's facility is part of:**

- Eastern Health                       Western Health                       Not sure  
 Central Health                       Labrador-Grenfell Health

**24. If another health care professional attended the appointment with you, who was it?**

- There was nobody else                       A physiotherapist                       A social worker  
 A nurse                       An occupational therapist  
 Other (please specify)

**25. Additional comments:**

For evaluation purposes, would you be willing to be contacted for an interview regarding your experiences with the Telehealth session?

- If **YES**, please visit [https://www.research.net/r/interview\\_participation](https://www.research.net/r/interview_participation)
- If **NO**, this concludes the survey. Thank you very much for your participation.

For further information or comments about the Telehealth you can contact us by:

- **Email:** [info.telehealth@nlchi.nl.ca](mailto:info.telehealth@nlchi.nl.ca)                      **Phone:** Provincial Telehealth Scheduling Coordinator - (709) 752-6019

To speak to a Regional Health Authority Telehealth lead contact:

- **Eastern Health:** (709) 777-3591                      **Central Health:** (709) 651-6264
- **Western Health:** (709) 784-5375                      **Labrador-Grenfell Health:** (709) 752-6535

If you are a health care staff member in possession of completed surveys you can forward them to NLCHI for data input by using the address details below:

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