



## Newfoundland and Labrador Telehealth Program Satisfaction Survey for Staff Supporting Telehealth Appointments

**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 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 client/patient/resident at different locations via the Telehealth Program.**

1. Date of appointment:

2. Program/Purpose of Telehealth Session:

## Section 1

3. Please indicate which Regional Health Authority you are employed by.

- Eastern Health
- Central Health
- Western Health
- Labrador-Grenfell Health

4. What is your current staff position?

- PCA
- LPN
- RN
- Other (please specify)

5. Were you requested to accompany the client/patient/resident as a Telehealth escort by the continuing health care provider?

- Yes
- No
- Unknown

6. Were you required to stay for the Telehealth session?

- Yes
- No

7. Were you required to provide hands-on care or complete an assessment for the Telehealth session?

- Yes
- No

8. If yes, please check all that apply.

- Reposition client /resident/patient in bed/stretchers for appointment
- Take vital signs
- Remove/change dressing
- Listen to breath
- Listen to heart
- Listen to bowel sounds
- Check neurological signs
- Check peripheral pulses and/or do neurovascular checks
- Lift or complete ROM of limb(s)
- Other (please specify)

9. If you were required to provide hands-on care or complete an assessment for the Telehealth session, how comfortable did you feel doing so?

Very comfortable

Comfortable

Neutral

Uncomfortable

Very Uncomfortable



## Section 2

10. Was this your first time supporting a Telehealth appointment?

- Yes
- No

11. Please select the appointment type:

- Initial consult
- Follow-up
- Pre-operative
- Post-operative

12. Was the Telehealth video appointment able to take place?

- Yes
- No. (If no, please explain.)

13. Please indicate your agreement with each of the following statements concerning your experience with the Telehealth session.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
I was satisfied with the Telehealth session.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understood my role in supporting the Telehealth session.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt comfortable using the Telehealth equipment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I received sufficient training on the Telehealth equipment/process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to see the health provider clearly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to hear the health provider clearly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. What was the outcome of the Telehealth session? (Check all that apply.)

- The consulting health care provider completed the appointment via Telehealth.
- The health care provider made client care recommendations (e.g., dressings).
- The health care provider made recommendations for medication changes.
- The health care provider made a follow up client appointment.
- The health care provider requested the client be seen in a clinic/office instead of by Telehealth. If so, please provide explanation.

15. If the health care provider requested a follow up appointment, what type of appointment did they request?

- Telehealth appointment
- Face to face appointment in the health care provider's office/clinic
- Client to be referred to a new health care provider (e.g., specialist)
- Emergency Room
- Not specified

16. Based on your observations or comments received how comfortable do you feel the client/patient/resident felt with the Telehealth appointment?

Very Comfortable

Comfortable

Neutral

Uncomfortable

Very Uncomfortable

17. Did a family member also attend the appointment?

Yes

No

18. Did the client/patient/resident provide you with any feedback about the appointment? If so, please specify.

19. What changes, if any, would you suggest for improving Telehealth services?

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

21. Would you recommend the use of Telehealth to colleagues?

Unsure

Yes

No (If no, why not?)

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

If yes, please click on the following link to provide your contact information. Your contact information will not be associated with the responses you have provided in this survey. <https://www.research.net/r/RW9HY86>

If no, this concludes your participation in this survey. Please close your browser window. Thank you for your participation.

If you have any further comments or require further information about Telehealth, please contact your Regional Telehealth lead.

Eastern Health: Shannon Perry (709) 777-3591; shannon.perry@easternhealth.ca

Central Health: Allison Scott (709) 884-4282; allison.scott@centralhealth.nl.ca

Western Health: Karen Tulk (709) 637-5000 ext 5375; karentulk@westernhealth.nl.ca

Labrador-Grenfell Health: Viva Pittman (709) 897-3137; viva.pittman@lghealth.ca

