

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 and will be used to improve 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. 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 client/patient/resident at different locations via the Telehealth Program.

To start the survey please move to Question 1 below.

1. Did the health care provider requested you to accompany the patient for this Telehealth appointment?

- Yes No

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

- Yes No - **Please move to Question 5**

3. What kind of assessment/hands-on care did you provide during the appointment?

- | | | |
|--|---|--|
| <input type="radio"/> Take vital signs | <input type="radio"/> Remove/change dressing | <input type="radio"/> Reposition client /resident/patient in bed/stretcher for appointment |
| <input type="radio"/> Listen to heart | <input type="radio"/> Lift or complete ROM of limb(s) | <input type="radio"/> Check peripheral pulses and/or do neurovascular checks |
| <input type="radio"/> Listen to bowel sounds | <input type="radio"/> Check neurological signs | |
| <input type="radio"/> Listen to breath | <input type="radio"/> Body size measurement (e.g. height, weight) | |
| <input type="radio"/> Other (please specify) | | |

4. How competent did you feel providing that assessment/hands-on care?

- Very competent
 Somewhat competent
 Competent
 Not competent at all
 Other (please specify)

5. Please indicate your agreement with each of the following statements about your recent Telehealth session.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	N/A
I was satisfied with the overall quality of the session	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I received sufficient training on the Telehealth system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt competent using the Telehealth equipment	<input type="radio"/>	<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"/>	<input type="radio"/>
The session was conducted with sufficient level of privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The quality of Telehealth diagnoses / recommendations is similar to those received in-person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would have preferred to have the health care provider see the patient in person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Additional comments:

7. How do Telehealth appointments compare to in-person appointments for each of the following categories:

	Much better	Somewhat better	About the same	Somewhat worse	Much worse	Not sure
The quality of patient's care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient's convenience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient's health care access	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient's continuity of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Would you recommend the use of Telehealth to your colleagues?

- Yes No Not sure

9. Where were you and the patient located during the Telehealth appointment?

- At a health care facility At patient's home

10. Did the Telehealth appointment start at the scheduled time?

- Yes - Please move to Question 14 No

11. What caused the delay?

12. Length of the delay:

Minutes:

13. How can we improve Telehealth?

14. What is your current staff position?

- PCA RN Technician
 LPN PTA Clerical staff
 Other (please specify)

15. What was the nature of the Telehealth appointment?

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

16. Approximately how many Telehealth appointments have you attended?

17. Which type of practice/discipline was the Telehealth appointment part of?

- General practice
- Oncology
- Haematology
- Nephrology
- Surgery
- Dietetics
- Mental health
- Diabetes
- Other (please specify)

18. Please indicate which Regional Health Authority you are employed by:

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

19. 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
- **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 **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:

Piotr Krajewski, Program Evaluation Consultant
Newfoundland and Labrador Centre for Health Information
70 O'Leary Avenue, St. John's, NL A1B 2C7
piotr.krajewski@nlchi.nl.ca

