

Health Care Provider Survey

This survey is being conducted to assist with ongoing quality assurance of the Newfoundland and Labrador Telehealth Program. Your feedback is very important and it 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. Who requested use of Telehealth for your last appointment?

- Patient / Client / Resident
- Health Care Provider
- Don't know
- Other (please specify)

2. Why was Telehealth used for your last appointment? (Select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> To improve quality of care for patient | <input type="checkbox"/> To reduce costs for a health care provider |
| <input type="checkbox"/> To save travel time/money for patient | <input type="checkbox"/> To reduce waitlist |
| <input type="checkbox"/> To provide access for a person with limited mobility | <input type="checkbox"/> To increase adherence to treatment |
| <input type="checkbox"/> To provide continuity of care | <input type="checkbox"/> To decrease use of acute or long-term care institutions |
| <input type="checkbox"/> Other (please specify) | |

3. Please indicate your level of agreement or disagreement with each of the following statements about your last Telehealth appointment:

	Strongly agree	Moderately agree	Neutral	Moderately disagree	Strongly disagree	N/A
I was satisfied with the overall quality of the session	<input type="radio"/>					
I received sufficient training on the Telehealth system	<input type="radio"/>					
The audio/video quality of my session allowed me to communicate without problems	<input type="radio"/>					
The inability to touch the patient lowered my confidence in my diagnosis/recommendations	<input type="radio"/>					
I would have preferred to see this patient in person	<input type="radio"/>					
The session was conducted with sufficient level of privacy	<input type="radio"/>					
I would recommend the use of Telehealth to colleagues	<input type="radio"/>					

4. Additional comments:

Thinking about your own experiences with Telehealth, indicate the extent to which you agree or disagree with the following statements.

5. The Telehealth program has:

	Strongly agree	Moderately agree	Neutral	Moderately disagree	Strongly disagree	Not sure
Increased quality of care	<input type="radio"/>					
Decreased costs for patients	<input type="radio"/>					
Increased access to health care	<input type="radio"/>					
Increased continuity of care	<input type="radio"/>					
Initiated treatment earlier	<input type="radio"/>					
Increased adherence to treatment	<input type="radio"/>					
Prevented deterioration of condition	<input type="radio"/>					
Decreased use of acute care or long term institutions	<input type="radio"/>					
Reduced patient waitlist	<input type="radio"/>					
Decreased health care costs	<input type="radio"/>					

6. Additional comments:

7. Did your last appointment start at the scheduled time?

- Yes - Please move to Question 10
- No

8. What caused the delay?

9. How many minutes after the scheduled time did the appointment start?

Minutes:

10. Did you experience any problems with scheduling Telehealth appointments?

- Yes
- No

If yes, please provide more details:

11. How can we improve Telehealth?

12. Where was your patient located during the Telehealth session?

- At a health care facility
- At home

13. What was the nature of your last Telehealth appointment?

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

14. What is your current position?

- Physician
- Psychologist
- Dietitian
- Social Worker
- Other (please specify)
- Physiotherapist
- Occupational Therapist
- Nurse

15. What type of practice/discipline was your last Telehealth appointment part of?

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

16. Other than you and your patient, did anybody else take part in that session?

- Nobody else
- Nurse
- Pharmacist
- Psychologist
- Dietitian
- Family members / guardians, please provide their number:
- Physiotherapist
- Social Worker
- Occupational therapist
- Other physician
- Other support staff

17. The facility that you were located in during the Telehealth session is part of:

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

18. The patient's geographical location during the appointment is covered by:

- The same Regional Health Authority
- Eastern Health
- Central Health
- Western Health
- Labrador-Grenfell Health
- Not sure

19. Approximately how many Telehealth appointments with patients have you had in the past?

20. 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:

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