HAWAII HEALTH SYSTEMS C O R P O R A T I O N *"Touching Lives Everyday"* **Policies and Procedures**	**Department:** Information Technology Division - Telemedicine	**Policy No.:** **TEL 0011**
		Revision No.: N/A
	Issued by: Dennis Sato Vice President & CIO	**Effective Date:** 1/11/00
Subject: **:** ***Telemedicine Operational Satisfaction Survey***	**Approved by:** Thomas M. Driskill, Jr. President & CEO	**Supersedes Policy:** N/A
		Page: 1 of 1

I. PURPOSE: To obtain information on the operational aspects of the telemedicine consult.

II. POLICY: All telemedicine consultations will be assessed for information about:

1) the telemedicine equipment used;
2) peripheral telemedicine devices;
3) problems with transmission or equipment; and
4) time required for the telemedicine consultation.

III. PROCEDURE: The provider should complete this survey (HHSC Form TEL 0005) after the consultation. Completed surveys will be sent to the Telemedicine Program Manager for tabulation.

Attachment: 1. Telemedicine Program Operational Satisfaction Survey (HHSC Form TEL 0005)

TELEMEDICINE PROGRAM OPERATIONAL SATISFACTION SURVEY

Provider Name:_____ **Date:**_____ **Facility:**_____

Consultant Name:_____

Instructions for Completing the Survey

Please check the appropriate response.
When you have completed the survey, please turn it in to the provider who assisted you today.
Thank you for taking time to evaluate your Telemedicine experiences.

1. Was this telemedicine session completed successfully?
   _____Yes _____No

2. What technology was used for this interaction? (check all that apply)
   _____Interactive video _____Interactive audio w/static image transmission
   _____Store-and-forward _____Other (specify)_____

3. In which of the following categories should this interaction be classified? (Check only one of the following)
   _____New patient examination _____Patient education _____Follow-up examination
   _____Administration _____Provider education
   _____Other (specify)_____

4. Which peripheral devices were used during this consultation? (Check all that apply.)
   _____General patient camera _____Electronic medical record _____Digitizer
   _____Document Camera _____Other (specify)_____.

5. Were there any problems with the telemedicine equipment during the consult? (Check all that apply)
   _____No problems _____Problems with audio
   _____Problems with video _____Problems with software/control of equipment
   _____Other (specify)_____

6. If you answered in the affirmative to question 5, what effect did these problems have on the telemedicine consultation? (Check only one of the following)
   _____Minimal, consultation not affected _____Moderate, enough to make consultation difficult
   _____Significant, very disruptive of consultation _____Impossible to complete consultation

7. At which site were the problems with the telemedicine equipment?
   (Check only one of the following)
   _____In the room with the patient _____In the room with the consultant _____Both _____Unsure

8. Was this telemedicine interaction scheduled in advance? (Check only one of the following)
   _____Scheduled more than 24 hours in advance _____Scheduled earlier in the same day
   _____Unscheduled consult

9. How long was the provider involved in this session? (That is, from the time he/she began reviewing the patient's records or began the teleconsultation, whichever came first, until the telemedicine link with the patient was concluded.) _____ Minutes

10. Were other telecommunications links (phone, fax, other teleconferences, etc.) needed between participating sites to complete this transaction? (Check all that apply)
    _____None needed _____Fax _____Telephone
    _____Other (specify)_____