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 0012**
		Revision No.: N/A
	Issued by: Dennis Sato Vice President & CIO	**Effective Date:** 1/11/00
Subject: ***Telemedicine Consultant Satisfaction Survey***	**Approved by:** Thomas M. Driskill, Jr. President & CEO	**Supersedes Policy:** N/A
		Page: 1 of 1

I. PURPOSE: To obtain information on consultant satisfaction with the telemedicine consult.

II. POLICY: All consultants who assist in a telemedicine consultation will be asked to complete a satisfaction survey (HHSC Form TEL 0006).

III. PROCEDURE: The consultant should complete the satisfaction survey after the consultation. Completed satisfaction surveys will be sent to the Telemedicine Program Manager for tabulation.

Attachment: 1. Telemedicine Program Consultant Satisfaction Survey (HHSC Form TEL 0006)

TELEMEDICINE PROGRAM CONSULTANT SATISFACTION SURVEY

Consultant Name:_____ **Date:**_____ **Facility:**_____

Provider Name:_____ **New Patient** _____ **Follow-up Patient** _____

Instructions for Completing the Survey

For Strongly Agree – Strongly Disagree questions circle the number that matches your response.
For Yes/No questions, check the answer that applies.
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. I had adequate access to this patient's test results, radiographs and medical records.

Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1	2	3	4	5

2. I was able to elicit a good history of the patient's condition.

Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1	2	3	4	5

3. I was able to communicate adequately with the patient.

Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1	2	3	4	5

4. The participation of assisting staff was essential to obtain an adequate history or physical exam.

Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1	2	3	4	5

5. The examination (physical or interview) conducted during the consult was adequate.

Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1	2	3	4	5

6. The telemedicine equipment (including peripheral devices) worked properly for this consult.

Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1	2	3	4	5

7. Did the facility the patient was at provide a time-efficient mode of examination for this patient?
_____Yes _____No

8. Overall, I was satisfied with today's consultation.

Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1	2	3	4	5

9. How many patients have you seen using telemedicine?
_____Only the current patient _____1-5 _____6-20 _____More than 20

10. The consultation would have been better if it had been performed in person.

Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1	2	3	4	5

11. If you answered "Strongly Agree" or "Agree" to question number 10, please mark the reasons why:
(Check all that apply)

_____Inability to perform certain procedures _____Inadequate physical exam
_____Difficulty asking sensitive questions _____Limited skill of the presenter
_____Presenter interfered w/evaluation of patient _____Equipment malfunction
_____Other (specify)_____