HAWAII HEALTH SYSTEMS C O R P O R A T I O N *"Touching Lives Everyday"* **Policy and Procedures**	**Department:** Information Technology Division - Telemedicine	**Policy No.:** **TEL 0013**
		Revision No.: N/A
	Issued by: Dennis Sato Vice President & CIO	**Effective Date:** 1/11/00
Subject:: ***Telemedicine Provider Satisfaction Survey***	**Approved by:** Thomas M. Driskill, Jr. President & CEO	**Supersedes Policy:** N/A
		Page: 1 of 1

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

II. POLICY: All providers who assist in a telemedicine consultation will be asked to complete a satisfaction survey (HHSC Form TEL 0007).

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

Attachment: 1. Telemedicine Program Provider Satisfaction Survey (HHSC Form TEL 0007)

TELEMEDICINE PROGRAM PROVIDER SATISFACTION SURVEY

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

Consultant Name:_____

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 was comfortable with the telemedicine equipment.

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

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

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

3. There was a need to use my clinical skills in this consultation.

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

4. The consultation would have been better if it had been performed in person (with the patient and the consultant/provider together in the same room).

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

5. The telemedicine equipment worked properly for this consultation.

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

6. Overall, I was satisfied with this consultation.
_____Yes _____No

7. The patient seemed to be satisfied with this telemedicine consultation.

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

8. Overall, how many patients have you worked with in telemedicine consultations?
_____Only the current patient _____1-5 _____6-20 _____More than 20

9. With how many patients have you worked with this particular provider prior to this session (either telemedicine or conventional care?
_____Only the current patient _____1-5 _____6-20 _____More than 20