

DrGmed, Inc.  Tele-Psychiatry & Tele-Medicine & Tele-Substances Abuse Treatment www.drgmedicine.com P: 505-977-0110 F: 949-577-4327 info@drmedicine.com	Department: Information Technology Division - Telemedicine	Policy No.: TEL 112714
	Issued by: Gabriel A. Fallarero Vice President & CFO	Revision No.: N/A
Subject : Telemedicine Patient Satisfaction Survey	Approved by: Dr. Gloria O'Neill President & CEO	Effective Date: 01/01/2019
		Supersedes Policy: N/A
		Page: 1 of 3

Drg

- I. **PURPOSE:** To obtain information on patient satisfaction with the medical care received at the time of the telemedicine consult.
- II. **POLICY:** All patients who participate in a telemedicine consultation will be asked to complete a satisfaction survey (DrGmed, Inc. Form TEL 0027).
- III. **PROCEDURE:** The provider with the patient will give the satisfaction survey to the patient after the consultation. If the patient is unable to complete the survey independently for any reason, the provider with the patient should complete the survey with the patient. Completed satisfaction surveys will be sent to the Telemedicine Program Manager for tabulation.

Attachment: 1 Telemedicine Program Patient Satisfaction Survey (DrGmed, Inc. Form TEL 0027)

TELEMEDICINE PROGRAM PATIENT SATISFACTION SURVEY

Patient Name: _____ Date: _____ Facility: _____

Provider Name: _____ 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.

For question 14, circle the response that matches your response the closest.

For questions 15 and 16, please note the number of minutes and/or hours next to the appropriate word.

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 able to communicate adequately with the physician/healthcare provider.

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

2. I was comfortable that the physician/provider was able to understand my problem.

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

3. The exam and/or interview was embarrassing to me.

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

4. The exam and/or interview would have been embarrassing to me even if it had not been on the Telemedicine system.

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

5. I had difficulty hearing or understanding the specialist over the Telemedicine system.

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

6. If you answered "Strongly Agree" or "Agree" to question 5, are you (the patient) hearing impaired?
☐ Yes ☐ No

7. I had difficulty seeing the specialist over the Telemedicine system.

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

8. If you answered "Strongly Agree" or "Agree" to question 7, are you (the patient) visually impaired?
☐ Yes ☐ No

9. Telemedicine made it easier for me to see the specialist/provider today.

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

10. I would have received better care if I had seen the specialist/provider in person.

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

Overall, I was very satisfied with today's telemedicine session.

Strongly Agree

1

Agree

2

Uncertain

3

Disagree

4

Strongly Disagree

5

11. If you answered "Disagree" or "Strongly Disagree" to number 11, why weren't you satisfied?

12. Next time, I would prefer to see the specialist/provider in person despite the possible inconvenience.

Strongly Agree

1

Agree

2

Uncertain

3

Disagree

4

Strongly Disagree

5

13. The time the specialist/provider spent with me via Telemedicine was (circle one):
> Less Than < Greater Than = Equal To previous visits in person.

14. How long did you have to wait to see this provider? _____ Minutes _____ Hours

15. How long did the Telemedicine visit last? _____ Minutes _____ Hours

16. Have you (patient) ever used Telemedicine (interactive video-conferencing) prior to today?

_____ Yes

_____ No

Please provide us with any additional comments in the space below:

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