U.S. Department of Veterans Affairs

Estimated Burden: 3 minutes

The purpose of this notification is to indicate the intention to offer a voluntary, anonymous and confidential survey to employees in VHA telemedicine pursuant to MISSION. This voluntary, anonymous and confidential information will be used to better equip these employees with tools and information to improve the experience of VA employees who directly serve Veterans, and to meet specific reporting requirements mandated by the MISSION Act.

Help us serve you better

We want to hear about your experience with Home Telehealth and Telemonitoring (HT). By indicating how much you agree or disagree with the statements below, you directly help us improve VA services.

This survey should take you approximately three minutes to complete.

During my last three to four Home Telehealth and Telemonitoring (HT) appointments, I have had good internet connection. Required

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

I feel confident accessing and navigating educational resources (e.g., TMS training and SharePoint) regarding Home Telehealth and Telemonitoring (HT). Required

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

I interact with the following individuals to conduct Home Telehealth and Telemonitoring (HT). Select all that apply. Required

- [ ] Nurses
- [ ] Telehealth Clinical Technicians (TCTs)
- [ ] Team Leads
- [ ] Supervisors
- [ ] Coordinator/Scheduler
- [ ] IT Staff
- [ ] None
- [ ] Other

I feel supported during my Home Telehealth and Telemonitoring (HT) appointments by the following individuals. Select all that apply. Required

- [ ] Nurses
- [ ] Telehealth Clinical Technicians (TCTs)
- [ ] Team Leads
- [ ] Supervisors
- [ ] Coordinator/Scheduler
- [ ] IT Staff
- [ ] None
- [ ] Other

I can provide quality care through Home Telehealth and Telemonitoring (HT) services. Required

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

The VA National Telehealth Office and local leadership are transparent with me about how and when I can access Telehealth technology. Required

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

Overall, I am satisfied with my Home Telehealth and Telemonitoring (HT) experience. Required

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

I trust the VA Telehealth Services to support me in providing successful Home Telehealth and Telemonitoring (HT) care to my patients. Required

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	2	3	4	5

Can VA contact you about your feedback? Required

- ○ Yes, VA can contact me about my experience.
- ○ No, I do not want VA to contact me about my experience.

Finish

VA may utilize individual Veteran survey data from this survey or other sources to ensure the final scores truly and accurately represent the experiences of Veterans. This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 3 minutes to review the instructions and complete this survey. The results of this survey will be used to inform opportunities for program improvement in the quality of VA services. Participation in this survey is voluntary, and your decision not to respond will have no impact on VA benefits or services which you may currently be receiving. Information gathered will be kept private to the extent provided by law.

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Thank you for your feedback!

The U.S. Department of Veterans Affairs uses these surveys to collect your feedback in order to continuously improve your experience with VA Telehealth Services.

Check out our Telehealth educational and training opportunities:

Telehealth Information

Telehealth TMS Training

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