**ED Virtual Care Follow-Up Questionnaire and Research Assistant Script.**

Hi, my name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I am a research assistant with the North York General Hospital Emergency Department research team. Is this a good time to speak? If not, can we book a better time?

You recently received a virtual care follow-up phone call from Dr. \_\_\_\_\_\_\_\_\_\_ after a visit to our Emergency Department. As part of the virtual care program, we are calling to administer a survey to better understand your experience with virtual care. This questionnaire asks about how you are doing today regarding the health concern that brought you to the emergency department. There are up to 25 questions, and this should take less than 15 minutes of your time. By contributing you can help improve the care provided in the emergency department.

You are not obligated to participate in the survey, and you can withdraw at any time. You do not have to answer all the questions or questions that make your feel uncomfortable. Please answer the questions to the best of your ability.

Your decision to participate will not affect your ability to seek care now or in the future. Your information is always kept confidential.

Can we proceed with the survey? Yes or No

If no, document reason and complete survey

(Questions marked with asterisk are OHT required questions)

Patient Study ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Patient Satisfaction\***  | Overall, how satisfied were you with your virtual urgent care experience? \* | 1-5 Satisfaction Scale (1- Very Dissatisfied; 2- Dissatisfied; 3- Neutral; 4 - Satisfied; 5 - Very Satisfied) |
| **Patient Experience\***  | If virtual care was not available, I would have gone back to the nearest emergency department in person. \* | 1-5 Agree scale (1- Strongly Disagree; 2 - Disagree; 3 - Neutral; 4 - Agree; 5 - Strongly Agree |
| My care experience was the same as or better than care I would have received in person. \* |

Other comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would a home visit from a paramedic have been helpful as a part of your follow-up plan? 1- Strongly Disagree; 2 – Disagree; 3 – Neutral; 4 – Agree; 5 – Strongly Agree \_Not Sure \_Other (Comment)

In this section we ask you about the discomfort or symptom related to the reason you went to the emergency department.

**1- SYMPTOM RELIEF**

# 1.1 Did you have discomfort or a symptom when you went to the emergency department?

(For example, discomfort or symptom can be: pain, feeling sick, difficulty breathing, nausea, etc.)

 0 Yes

No  If no, please go to the Understanding Your Health Concern section.



1

Please consider this discomfort or symptom when you answer the following questions.

# How would you rate the intensity or severity of your discomfort or symptom when you went to the

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **emergency** | **y departm** | **ment?** |  |  |  |  |  |  |  | Discomfort/ |
| No discomfort/ symptom |  |  |  |  |  |  |  |  |  | symptomas bad as it can be |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  |  |  |  |  |  |  |  |  |  |  |

* 1. **How would you rate the intensity or severity of your discomfort or symptom in the past 24 hours (between this time yesterday and now)?**

No discomfort/ symptom

Discomfort/ symptom as bad as it can be

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  |  |  |  |  |  |  |  |  |  |  |
| **In the past 24 hours (between this time yesterday and now) how much did your****discomfort or symptom... Never Rarely Sometimes Very Often Always** |

* 1. interfere with your usual activities



(including both outside and inside the home)? 0

1 2 3 4









* 1. make simple tasks hard to complete?     

0 1 2 3 4

# How well do you feel you are recovering from the health concern that brought you to the emergency department

(Please check one)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Completely better | Much improved | Slightly improved | No change | Slightly worse | Much worse |
| 0 | 1 | 2 | 3 | 4 | 5 |

# Which statement best describes you in the past 24 hours (between this time yesterday and now)?

(Please check one)

 0 I am better, and have no more discomfort or symptom

 1 I am better. I still have some discomfort or symptom, but I have figured out ways to avoid them

 2 I am better. I still have some discomfort or symptom, but I can cope/live with them

 3 I am not better at this point in time

 4 I am worse

Other comments:

In this section, we ask about your own personal views on how you understand the health concern that brought you to the emergency department.

Indicate how much you agree or disagree with the following statements.

**2 - UNDERSTANDING MY HEALTH CONCERN**

* 1. I have answers to all the questions I have

**Strongly Disagree Disagree**

**Neither Agree Nor Disagree**

**Agree**

**Strongly Agree**

related to my health concern.

0 1 2 3 4

* 1. I understand my health concern as much as I













can at this point in time. 0

1 2 3 4









* 1. I have a clear picture or understanding of my



health concern. 0

1 2 3 4









I have as much information as I need now?     

0 1 2 3 4

Other Comments:

In this section, we ask about how you feel now, at this moment, about the health concern that brought you to the emergency department.

**3 - REASSURANCE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Not at all** | **Somewhat** | **Moderately so** | **Very much so** |
| **3.1.** I feel at ease.\* | 0 | 1 | 2 | 3 |
| **3.2.** I feel concerned. | 0 | 1 | 2 | 3 |
| **3.3.** I feel reassured. | 0 | 1 | 2 | 3 |
| **3.4.** I have lingering concerns. | 0 | 1 | 2 | 3 |

Other Comments

|  |
| --- |
| **4 - HAVING A PLAN I CAN FOLLOW** |
| In this section, we ask if you think you have a workable plan (*advice* or *instructions*) on how to deal with your health concern after your visit to the emergency department. |
| **Thinking about the health concern that brought you to the emergency department do you…** | **Not at all** | **Somewhat** | **Moderately so** | **Very much so** | **There is nothing I need to do** |

* 1. know what you need to do about the health concern (for example: what to watch

for or treatment)?\*

0 1 2 3 4

 If “There is nothing I need to do” is selected, end of questionnaire











* 1. feel you are able to manage the issue that brought you to the emergency department?

0 1 2 3









feel you have a plan you can follow?    

0 1 2 3

**4.3.** 0 1 2 3

* 1. feel you have figured out a plan?    
	2. know what to do if the issue got worse or came back?
	3. know what you should be doing and/or not doing?

0 1 2 3

0 1 2 3

















* 1. know what will happen next?  0  1  2  3

Other Comments: