**Appendix 1: Virtual Hospitalist Survey – VBCH Providers/Nursing Staff**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very poor(1) | (2) | Neutral(3) | (4) | Excellent(5) |
| **Please rate the CO-MANAGEMENT/PATIENT CARE this week:** |
| The helpfulness of the care recommendations provided by the UIHC provider(s) this week |  |  |  |  |  |
| **Please rate the DAYTIME SERVICE provided this week in the following areas:** |
| Your comfort level in contacting the UIHC Virtual Hospitalist provider during daytime hours |  |  |  |  |  |
| The level of responsiveness/timeliness of the UIHC provider during daytime hours |  |  |  |  |  |
| The level of assistance provided by UIHC provider during daytime hours |  |  |  |  |  |
| **Please rate the NOCTURNAL SERVICE provided this week in the following areas:** |
| Your comfort level in contacting the UIHC Virtual Hospitalist provider during nighttime hours |  |  |  |  |  |
| The level of responsiveness/timeliness of the UIHC provider during nighttime hours |  |  |  |  |  |
| The level of assistance provided by UIHC provider during nighttime hours |  |  |  |  |  |
| **Please rate the EDUCATION PROVIDED this week by UIHC faculty providers:** |
| Quality of education provided |  |  |  |  |  |
| Your level of preparedness for more complex patient care as a result of education provided |  |  |  |  |  |
| **Please rate the EFFECTIVENESS of the program in meeting the following objectives:** |
| Keeping more patients locally this week |  |  |  |  |  |
| Improving local care |  |  |  |  |  |
| Improving patient satisfaction |  |  |  |  |  |
| Improving VBCH provider experience |  |  |  |  |  |
| Improving transfer process when needed |  |  |  |  |  |
| **OVERALL:** |
| Rate the overall service you received this week by the Virtual Hospitalist program |  |  |  |  |  |