



Air Medical Transport Survey

<p style="text-align: center;">Referring Hospital, Nursing</p> <p>Patient Name:</p>	<p><i>EHS LifeFlight is continuing to identify methods of improving our service. One method is through hospital/agency feedback.</i></p> <p><i>We would appreciate your valued participation by completing our survey and returning it to the EHS LifeFlight office.</i></p> <p><i>Return this form by fax: 902-873-3987, email: ehslifeflight@emci.ca or by using the enclosed self-addressed stamped envelope. Your comments are greatly appreciated.</i></p> <p style="color: red;"><i>Thank you!</i></p> <p><i>Your comments are greatly appreciated. Thank you!</i></p> <p><i>For further information on EHS LifeFlight, please visit our web site at www.ehslifeflight.ca.</i></p>
<p>Hospital:</p>	
<p>Unit:</p>	
<p>Date of Transport:</p>	
<p>Survey Completed by:</p>	

<p>1) The dispatch process was efficient and easy to follow. Comments:</p>	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> Strongly Agree</td> <td><input type="checkbox"/> Disagree</td> </tr> <tr> <td><input type="checkbox"/> Agree</td> <td><input type="checkbox"/> Strongly Disagree</td> </tr> </table>	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Disagree
<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Disagree				
<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Disagree				
<p>2) The ETA provided was accurate. Comments:</p>	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> Strongly Agree</td> <td><input type="checkbox"/> Disagree</td> </tr> <tr> <td><input type="checkbox"/> Agree</td> <td><input type="checkbox"/> Strongly Disagree</td> </tr> </table>	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Disagree
<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Disagree				
<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Disagree				
<p>3) The Air Medical Crew members were professional, courteous, and attentive. Comments:</p>	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> Strongly Agree</td> <td><input type="checkbox"/> Disagree</td> </tr> <tr> <td><input type="checkbox"/> Agree</td> <td><input type="checkbox"/> Strongly Disagree</td> </tr> </table>	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Disagree
<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Disagree				
<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Disagree				
<p>4) The Air Medical Crew worked in a timely fashion to transport the patient from your facility. Comments:</p>	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> Strongly Agree</td> <td><input type="checkbox"/> Disagree</td> </tr> <tr> <td><input type="checkbox"/> Agree</td> <td><input type="checkbox"/> Strongly Disagree</td> </tr> </table>	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Disagree
<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Disagree				
<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Disagree				
<p>5) An Air Medical Crew member telephoned you with a patient transport update within 12 hours. Comments:</p>	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Yes	<input type="checkbox"/> No				
<p>6) Overall, you were satisfied with our service. Comments:</p>	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> Strongly Agree</td> <td><input type="checkbox"/> Disagree</td> </tr> <tr> <td><input type="checkbox"/> Agree</td> <td><input type="checkbox"/> Strongly Disagree</td> </tr> </table>	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Disagree
<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Disagree				
<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Disagree				

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