



## Air Medical Transport Survey

**Referring Hospital, Physician**

**Patient Name:**

**Hospital:**

**Unit:**

**Date of Transport:**

**Survey Completed by:**

*EHS LifeFlight is continuing to identify methods of improving our service. One method is through hospital/agency feedback.*

*We would appreciate your valued participation by completing our survey and returning it to the EHS LifeFlight office.*

*by fax: **902-873-3987** or email: [ehslifeflight@emci.ca](mailto:ehslifeflight@emci.ca)*

*Your comments are greatly appreciated. **Thank you!***

*For further information on EHS LifeFlight, please visit our web site at [www.ehslifeflight.ca](http://www.ehslifeflight.ca)*

1) EHS LifeFlight was accessed via the Air Medical Transport Line.  
**Comments:**

Yes                       No

2) There was rapid access to our MCP (Medical Control Physician) for patient consultation.  
**Comments:**

Strongly Agree       Disagree  
 Agree                       Strongly Disagree

3) The dispatch staff was courteous and helpful.  
**Comments:**

Strongly Agree       Disagree  
 Agree                       Strongly Disagree

4) The dispatch process was efficient and easy to follow.  
**Comments:**

Strongly Agree       Disagree  
 Agree                       Strongly Disagree

<p>5) The ETA provided was accurate.  <b>Comments:</b></p>	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Disagree
<p>6) The Air Medical Crew was professional, courteous and attentive.  <b>Comments:</b></p>	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Disagree
<p>7) Overall, the service was satisfactory.  <b>Comments:</b></p>	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Disagree

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**HS LifeFlight, 637 Barnes Drive, Enfield, NS B2T 1K3 (902) 873-3657**