



## Air Medical Transport Survey

*Referring Hospital, Nursing*

**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, either by fax*

**902-873-3987**

*or by using the enclosed self-addressed stamped envelope.*

*Your comments are greatly appreciated.*

***Thank you!***

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

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