



Air Medical Transport Survey

<p><i>Referring Scene EMS</i></p> <p>Patient Name:</p> <hr/> <p>Scene Location:</p> <hr/> <p>Date of Transport:</p> <hr/> <p>Survey Completed by:</p>	<p><i>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.</i></p> <p>Fax: 902-873-3987</p> <p><i>Your comments are greatly appreciated.</i></p> <p>Thank you!</p> <p><i>For further information on EHS LifeFlight, please visit our web site at www.gov.ns.ca/health/ehs</i></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 and pilots were professional and courteous. 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
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<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Disagree				
<p>4) The patient and equipment was moved safely and efficiently. 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
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