
HERTFORD COUNTY EMERGENCY SERVICES

102 Industrial Park Road
Post Office Box 479
Winton, North Carolina 27986
252-358-7861

EMS CUSTOMER SURVEY

“Quality is meeting our customers’ needs at all times and striving to exceed them whenever possible.”

Hertford County Emergency Services recently treated and transported you to the hospital. We would like to take this opportunity to ask for your feedback on our performance. The information you provide will assist us in continuously improving our quality of Emergency Medical Services (EMS). Our goal is to provide OUTSTANDING customer service. Please complete this survey and mail back in the enclosed envelope.

James Braaglin, EMS Director

The Service You Received **Date** _____

Please select the category that best describes the reason you were transported by ambulance to the hospital. Please select only one choice.

911 Emergency Call / Transport

- € **Cardiac Problems (i.e. chest pain)**
- € **Breathing problems**
- € **Orthopedic Injury (i. e. injury)**
- € **Allergic Reaction**
- € **High Blood Pressure**
- € **Stroke**
- € **Seizure**
- € **Diabetic Emergency**
- € **Motor Vehicle Accident**
- € **Other**

Non-Emergency Call/Transport

- € **Nursing home to home**
- € **Hospital to hospital**
- € **Hospital to home**

- € **Transport to treatment facility**
- € **Other**

How many minutes did you wait prior to calling once you began experiencing your problem?

- € **Less than 5 minutes**
- € **More than 5 minutes**
- € **More than 10 minutes**

Was service prior to :

- € **Prior to 7 a.m.**
- € **After 7 a.m.**

Our goal is to provide **outstanding** customer service. Please rate the service you received. Check the box that best describes your experience. If a question does not apply to you, skip to the next question.

Call to 911

The 911 call was handled in a prompt, courteous and competent manner.

- € **Outstanding**
- € **Excellent**
- € **Average**
- € **Fair**
- € **Poor**

The Ambulance Crew arrived in a timely manner.

- € **Outstanding**
- € **Excellent**
- € **Average**
- € **Fair**
- € **Poor**

The Ambulance Crew acted in a concerned and caring manner.

- € **Outstanding**
- € **Excellent**

- € Average
- € Fair
- € Poor

The Ambulance Crew clearly explained the procedures they performed.

- € Outstanding
- € Excellent
- € Average
- € Fair
- € Poor

The Ambulance Crew and equipment presented in a professional manner.

- € Outstanding
- € Excellent
- € Average
- € Fair
- € Poor

Pain and/or shortness of Breath.

Our goal is to reduce or eliminate your pain/discomfort or shortness of breath. In an effort to assess how well we did, please select one of the following:

- € My pain and/or shortness of breath was reduced.
- € My pain and/or shortness of breath remained the same.
- € My pain and/or shortness of breath increased.

Treatment of Injuries

The methods used by the crew to splint or stabilize your injury:

- € Outstanding
- € Excellent
- € Average
- € Fair

€ **Poor**

€ Does not apply

The methods used by the crew to move you were:

€ **Outstanding**

€ **Excellent**

€ **Average**

€ **Fair**

€ **Poor**

The ride to the hospital did not aggravate the injury/illness:

€ **Outstanding**

€ **Excellent**

€ **Average**

€ **Fair**

€ **Poor**

Overall Quality

How would you rate the overall quality of care provided to you:

€ **Outstanding**

€ **Excellent**

€ **Average**

€ **Fair**

€ **Poor**

The overall actions of the crew caused my situation to:

€ **Improve**

€ **Remain the same**

€ **Worsen**

Overall how satisfied are you with the quality of the care you received from our service.

€ **Outstanding**

€ **Excellent**

€ **Average**

€ **Fair**

€ **Poor**

Please provide comments, that will help us improve our service.

Thank you for your participation in this survey.