

Miller EMS
Rt 1 Box 175. Medford, OK. 73759
Quality Improvement Survey

Please take the next five minutes and rate your experience with Miller EMS.

We highly depend on survey returns for service improvement.

Please place additional comments to back of survey.

May we contact regarding this survey? YES / NO

Optional Information:

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Contact Phone: _____

Date of care provided: _____

Exceptional- Performed beyond expectations. Went over and beyond to serve.

Good- Up to expectations. Satisfied with care. Didn't go over and beyond to serve.

Fair- Performed slightly below expectations, but satisfied with care.

Poor- Performed far below expectations. Dissatisfied. Improvement needed.

Non applicable – Mark through row.

	Question	Exceptional	Good	Fair	Poor
		4	3	2	1
1.	Was the call information taken in a prompt, courteous manner?				
2.	Did the EMS crew arrive in a timely manner?				
3.	Did the EMS crew act in a professional, concerned, and caring manner.				
4.	Was the EMS crew enthusiastic about their job?				
5.	Was the EMS crew knowable and competent about the situation presented to them?				
6.	How was the crew uniform appearance?				
7.	Did the EMS crew clearly explain the situation, procedures and devices to your satisfaction?				
8.	Did the EMS crew answer your questions to your satisfaction?				
9.	Was your anxiety, pain or discomfort reduced to your satisfaction?				
10.	Were the methods to move you as gently as possible?				
11.	Did you feel safe in the presence of the EMS crew?				
12.	How would you rate the actual vehicle ride?				
13.	How would you rate the cleanliness of the ambulance?				
14.	How would you rate the overall quality of care provided?				
15.	If you needed an ambulance again would you ask for Miller EMS for your transportation?				