



eCare EMS Satisfaction Survey

Date/Time of Use:

Facility/City Name:

Ambulance Service Name/City

eCare EMS Physician/Nurse:

Patient Name:

1. Did you experience any technical issues with this encounter?

Yes No

1.1. If Yes, what issues were experienced? [check all that apply]

Couldn't connect video Dropped call Dropped Video Dropped Audio Video lag/Freeze

Audio choppy Other

1.2. How would you rate the impact of the issue(s) on the effectiveness of care? ?

None 1 2 3 4 5 Severe

2. How valuable was the Avel eCare EMS Consultation service?

Poor 1 2 3 4 5 Excellent

3. How would you rate your experience with the Avel eEmergency Staff?

Poor 1 2 3 4 5 Excellent

3. Anything else you'd like to tell us about?

Thank you! Please fax back to (605) 910-5020

