

## Avel eCare Hospitalist Satisfaction Survey

Date/Time of Use:								
Facility/City Name:								
	Poor	1	2	3	4	5	Excellent	
1.	Overall experience with Avel eCare Hospitalist?							
2.	. Professionalism of Avel eCare H	Professionalism of Avel eCare Hospitalist?						
3.	How likely are you to use Avel eCare Hospitalist service again?							
4.	. What was helpful to you?							
5.	. Describe any technical difficult	ies that (	occurre	d.				
6.	. Is there anything we can impro	ve on?						
7.	. Did the utilization of Avel eCare	Hospita	list serv	ice prev	ent the	transfei	r of a patient?	