

## Avel eCare Critical Care On Demand Satisfaction Survey

Date/Time of Use:

Facility/City Name:

### Rating Scale:

Poor    1       2       3       4       5       Excellent

1. Overall experience with Avel eCare CCOD?
2. Professionalism of Avel eCare CCOD?
3. How likely are you to use Avel eCare CCOD service again?
4. What was helpful to you?
5. Describe any technical difficulties that occurred.
6. Is there anything we can improve on?
7. Did the utilization of Avel eCare CCOD service prevent the transfer of a patient?