Service Evaluation

Facility Name:_____

Address: _____

As part of our contractual service oversight responsibilities, we are requesting your assistance with evaluating us over the past 6 months. Contracts are evaluated based on agreed upon performance indicators, contract specifications, reported incidents, complaints received, and staff feedback.

INSTRUCTIONS: Please mark (**X**) the singular rating that best describes your experience with us. If an area does not apply, please skip to the next item. Space is provided for narrative feedback at the end of the survey.

How frequently do you utilize our ambulance service? □ **Frequently** □ **Occasionally** □ **Infrequently** **{check off one}**
How frequently do you utilize our handicap van service? □ **Frequently** □ **Occasionally** □ **Infrequently** **{check off one}**

Please rate the following on a 5 point scale: 0=Don't Know, 1=Very Poor; 2 =Poor; 3=Fair; 4=Good; 5=Very Good

Ease of getting Service	**0**	**1**	**2**	**3**	**4**	**5**
Did the call taker place you on hold						
If you were placed on hold, did you have to wait long before someone picked up the phone						
Did the call taker ask you relevant questions						
Did you have answers easily available to the questions asked by the call taker						
What was the level of professionalism of call taker on the Phone						
Ability of Person on Phone to meet your needs						
Did the call taker try their best to meet your needs						
Was the information given to you prior to our arrival useful						
Length of time you spent on the phone with us						
Speed with which call taker dispatched help						
How convenient was it to arranging service with us						
Did we promptly return your call						
Are our ambulance medical necessity forms easy to understand						
How easy is our paperwork requirement process						
Do you have our contact information easily accessible						
Would you use online booking if it was available						
Have you ever visited our website						
Our Staff	**0**	**1**	**2**	**3**	**4**	**5**
Degree to which our staff took your request or condition seriously						
Our staff cared for you as client						
Were we Friendly, helpful, and willing to assist you						
Do you feel our staff was able to assist you in resolving any issues, concerns, needs						
How well our staff worked together as team in serving you						
Your confidence in skill of our call takers						
Your confidence in skill of our field crews						
Field staff efforts to inform you about treatment they provided						
Field staff concern for your privacy and confidentiality						
How well was your pain controlled						
Your comfort level when moved by our staff						
How helpful was our billing personnel						
Ability of billing staff to meet your needs						
Responsiveness of billing personnel to billing issues						
How often do you interact with our client relationship manager						
How responsive is our client relationship manager to your needs						

Service Evaluation Continued

Facility Name:_____

Address: _____

Our Equipment & Procedures	0	1	2	3	4	5
Comfort of Vehicle Ride						
Cleanliness of staff and equipment						
Consistency in services provided						
On time pickup of patient						
On time to appointment						
On time to pickup patient returning from an appointment						
Overall Assessment	**0**	**1**	**2**	**3**	**4**	**5**
Degree to which service was worth the fees						
Do you prefer to use our services						
Overall rating of services patient received						
The likelihood of recommending the services to others						

Please provide any additional information you may have that will help us improve our ability to completely satisfy any and all needs you and your patients may have when using the Ambulance and handicap van services of National Ambulance:

Comments: *(i.e. like best, like least, suggestions, etc..)* _____

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_____

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Company Name: _____ **Email:**_____ **Phone:**_____

Completed By::_____ **Date:**_____

Thank you for taking the time to complete this survey.
Completed Form Return to National Ambulance Client Services