



QUALITY ASSURANCE & EDUCATION

Haliburton County EMS

P.O. Box 1265 Haliburton Ont. K0M 1S0

Phone 705-457-1616 ext. 23

Client Feedback

Dear Client/Family Member.

Recently you or someone in your family used the services of Haliburton County Emergency Medical Services. In an effort to continually monitor quality assurance we would like you to please take a moment to complete the attached survey and return it to our office. With your assistance we can strive to make improvements to the services we provide to you and maintain the high standard which you expect from us.

1. Was the service provided to you in a timely manner? Yes No
2. Were our personnel professional and helpful? Yes No
3. Did the crew communicate the necessary information to the patient and to the family? Yes No
4. Were our personnel neat and tidy in appearance? Yes No
5. Were you satisfied with the care you received from our personnel? Yes No
6. Did you have confidence and trust in our personnel? Yes No

Are you the Patient Family Other
who is filling out this survey?

What did we do well? _____

What can we do to serve you better and/or what services would you like to see implemented? _____

Do you have any questions, concerns or comments? _____

Would you like to be contacted from our Quality Assurance Department? Yes No

Name: _____ Phone Number: _____
Address: _____

Thank you for taking the time to complete our survey, your input is very important to us.

Sincerely,

Larry Blanchard
Manager, Quality Assurance and Education

