

Midlands Air Ambulance Charity

Patient Care & Experience Survey (for Relatives, Carers and Loved Ones)

INTRODUCTION

If you are a close family member, friend, carer or loved one of someone who has been treated by Midlands Air Ambulance Charity, as a patient, we are keen to learn more about yours and their experiences. We are committed to providing an excellent level of care to our patients and will ensure the answers you provide are used to continually improve our service for those who need us in the future.

Please fill out our patient survey for relatives, carers and loved ones below, it will take just 5 to 10 minutes.

SECTION 1: ABOUT THE INCIDENT

Question 1: Wha	t was the date of the incident? (Please write in the box below. If you are ct date, please include the month and year.)
Question 2: Whe	re did the incident take place?
☐ Gloucestershir	re
☐ Herefordshire	
☐ Shropshire	
☐ Staffordshire	
☐ West Midlands	5
☐ Worcestershire	9
\square Other (please	specify):
SECTION 2: ABO	UT YOUR EXPERIENCE
	e you confident that the patient was being provided with safe and Midlands Air Ambulance Charity?
☐ Yes	
□ No	
☐ Partly	
	wer / cannot remember

care / tr	n 4: Were you provided with open and honest information about the patie eatment by Midlands Air Ambulance Charity? (For example, updates about condition.)	
□ Yes		
□ No		
☐ Partl	y	
☐ Unak	ole to answer / cannot remember	
Comme	nts	
	n 5: Were you involved in decisions about the patient's care?	
☐ Yes		
□ No		
☐ Partl		
	applicable	
U Unak	ole to answer / cannot remember	
Comme	nts	
• • • • • • • • • • • • • • • • • • • •		
	n 6: Did you witness and / or experience kindness, compassion, and dig dlands Air Ambulance Charity?	nity
☐ Yes		
□ No		
☐ Partl		
☐ Unak	ole to answer / cannot remember	
C a 100 100 a	nts	

☐ Outsta	ding			
☐ Good	J			
☐ Require	s improvement			
☐ Inadeq	•			
	to answer / was not at the sc	ene of the incident	:	
Comments				
			• • • • • • • • • • • • • • • • • • • •	
Question	: Was the patient taken to	hospital?		
☐ Yes				
□ No				
If you ans	vered 'No', please skip to 0	Question 12.		
Question	: Was the patient airlifted	to hospital by Mic	llands Air	Ambulance Charit
☐ Yes				
☐ Yes ☐ No				
□ No	to answer / cannot remembe	ər		
□ No □ Unable				
□ No □ Unable	to answer / cannot remembe			
□ No □ Unable If you ans Question experience overall fee		Question 11. s', do you know (Please use the bounded details about	k below to	include details of th
□ No □ Unable If you ans Question experience overall fee	vered 'No', please skip to (10: If you answered 'Yes e on-board the helicopter? ings. You may want to incl	Question 11. s', do you know (Please use the bounded details about	k below to	include details of th
□ No □ Unable If you ans Question experience overall fee	vered 'No', please skip to (10: If you answered 'Yes e on-board the helicopter? ings. You may want to incl	Question 11. s', do you know (Please use the bounded details about	k below to	include details of th
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□ No □ Unable If you ans Question experience overall fee	vered 'No', please skip to (10: If you answered 'Yes e on-board the helicopter? ings. You may want to incl	Question 11. s', do you know (Please use the bounded details about	k below to	include details of th

☐ The patient	•					
	was discharged from hospital c	on the sam	e day			
☐ 1-2 days						
☐ 3-7 days						
1-2 weeks						
☐ 2-4 weeks						
\square 1-2 months						
Longer than						
☐ The patient	passed away after being taken	to hospita				
	s there anything you think M ve to provide excellent patien				Charity car	n lea
Comments			• • • • • • • • • • • • • • • • • • • •	•••••		
			•••••			• • • • • •
liaison team le	Midlands Air Ambulance Charied by our own clinicians. Their and their relatives/carers.	•		-		
liaison team le our patients an	d by our own clinicians. Thei	r focus is	to prov	vide a po		
liaison team le our patients an	ed by our own clinicians. Their not their relatives/carers.	r focus is	to prov	vide a po		
liaison team le our patients an Would you be	ed by our own clinicians. Their not their relatives/carers.	r focus is	to prov	vide a po		
liaison team le our patients an Would you be Yes No If you answered in your contact	d by our own clinicians. Their not their relatives/carers. happy to be contacted by our part of the court of	r focus is to repart line	iaison t	vide a po	oint of cont	ease
liaison team le our patients an Would you be Yes No If you answered in your contact of	d by our own clinicians. Their not their relatives/carers. happy to be contacted by our part of the court of	r focus is to repart line	iaison t	vide a po	oint of cont	ease
liaison team le our patients an Would you be Yes No If you answered in your contact of the patient.) Full name	d by our own clinicians. Their not their relatives/carers. happy to be contacted by our part of the court of	r focus is a repatient liais in your or	iaison t	vide a po	oint of cont	ease

	for taking the time loved ones.	to complete ou	r Patient Expe	rience survey fo	r relatives,
If you have stated you wish to be contacted by Midlands Air Ambulance Charity, a member of our patient liaison and aftercare team will be in touch. Please note, we endeavour to respond to requests for contact within 10 working days.					