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Children's Hospital Emergency Transport (CHET) Survey

The Children's Hospital Emergency Transport (CHET) Team would like to take this opportunity to thank you for your patient referral. In an effort to improve our service and answer any questions you may have, please take a moment and fill out this survey. We value your comments. Please fax this form back to 858-966-8525

CHET Team:

M.D. _____
R.N. _____
R.T. _____

Date: _____
Patient's name: _____
Referring Hospital: _____

- 1) Was the CHET phone answered in a timely fashion?
 - a. Yes _____ No _____
 - b. Comments: _____
- 2) Did the CHET coordinator and/or CHET Team give adequate patient care advice while team was in route to you?
 - a. Yes _____ No _____
 - b. Comments: _____
- 3) Was the CHET Team arrival time quoted accurately?
 - a. Yes _____ No _____
 - b. Comments: _____
- 4) Did the CHET Team members introduce themselves and was their interaction with the hospital staff, patient and family appropriate?
 - a. Yes _____ No _____
 - b. Comments: _____
- 5) What was your overall impression with the Children's Hospital Emergency Transport system?
 - a. Excellent _____ Good _____ Adequate _____ Unsatisfactory _____
 - b. Comments: _____
- 6) Please let us know if you would like patient outcome or educational information?
 - a. Yes _____ No _____
 - b. Information requested: _____
- 7) Person evaluating the team is referring ____M.D. ____R.N. ____ R.T.____ Other____
 - a. Name _____ (optional)