

**MULTNOMAH COUNTY  
HEALTH DEPARTMENT**

**EMERGENCY MEDICAL SERVICES**

**CUSTOMER SATISFACTION SURVEY**

**January 2003**





# MULTNOMAH COUNTY HEALTH DEPARTMENT

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Multnomah County Emergency Medical Services  
Portland Fire, Rescue and Emergency Services  
Gresham Fire and Emergency Services  
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## EMS Customer Satisfaction

This report presents the results of a customer satisfaction survey conducted for Multnomah County Emergency Medical Services during November-December 2002. A telephone survey was conducted with adults who received emergency care in urban Multnomah County between April and September 2002. All respondents were conscious during receipt of care and were transported from the scene to an emergency department. Overall, respondents were very satisfied with the assistance they received from Emergency Medical Services. A detailed report of all survey questions follows.

### Key Findings

- Three-quarters of the respondents rated their overall satisfaction with the care they received as very satisfied.
- Overall satisfaction was higher among White non-Hispanics, females and respondents age 65 and older.
- The majority of respondents felt the 9-1-1 call was answered promptly and the call taker was courteous, respectful and gave clear instructions.
- Three-quarters of those surveyed reported that it took less than 10 minutes for emergency personnel to arrive at the scene and that this timing was “quick” or “very quick” in their estimation.
- The majority of respondents surveyed felt that there were “sufficient emergency personnel on the scene” and that the emergency workers were “courteous and respectful; knew what they were doing; and had the equipment necessary to respond to the emergency.”
- More than two-thirds of respondents understood they would be responsible for the costs of transportation and treatment.
- More than ninety percent of respondents felt their needs were met during transportation to the hospital.
- Nearly all respondents reported that ambulance personnel took them into the hospital and that ambulance personnel made sure emergency department staff had all information needed.

## **Introduction**

This report presents the findings of a customer satisfaction survey of adults who used emergency medical services during the six-month period between April and September 2002. This is the first customer satisfaction survey for the Emergency Medical Services Division. The study provides baseline information for future comparisons.

## **Methodology**

Respondents included 629 adults, 304 (48%) from the Portland response area, and 325 (52%) from the Gresham response area. These respondents were randomly selected from a list of 3,300 adults who were provided care following a 9-1-1 call in urban Multnomah County and whose record of care indicated that they were transported by ambulance. The list was generated by Multnomah County Health Department Emergency Medical Services from data provided by American Medical Response (AMR). AMR is the emergency ambulance service provider in Multnomah County. Clients surveyed were screened to include only those who were conscious and aware of what was happening or conscious but disoriented and likely to recall their experience well enough to assess the services received.

The questionnaire (see Appendix) was developed by the Office of Planning and Development in collaboration with Multnomah County Emergency Medical Services staff; Portland, Fire, Rescue and Emergency Services; and Clearwater Research, Inc. Telephone interviews were conducted by Clearwater Research, Inc. during November-December 2002.

The results of the survey are reported for two response areas. The Portland area is served by Portland Fire, Rescue and Emergency Services along with AMR. Gresham, Troutdale, Fairview and Wood Village areas are served by Gresham Fire and Emergency Services along with AMR. These two areas will be referred to as the Portland response area and Gresham response area in this report. Although there were some demographic differences between the two areas, there were no significant differences in their responses. Data is presented for both areas and for the county as a whole.

## Demographics

Thirty-seven percent of respondents were male and 63% were female. Fourteen percent of respondents were age 18 to 33 years, 22% were 34 to 49 years, 23% were 50 to 64 years, 26% were 65 to 79 years and 16% were 80 years and older.

### Gender

	%	N
Male	37%	231
Female	63%	398

### Age Groups

	%	N
18-33 years	14%	87
34-49 years	22%	134
50-64 years	23%	141
65-79 years	26%	159
80+ years	16%	101

The survey sample in the Portland response area reflected a larger percentage of clients who reported their race as African American, while the Gresham response area respondents reported a larger percentage of White non-Hispanic.

### Race/Ethnicity

Race/Ethnicity	Portland Response Area	Gresham Response Area	Total	N
White non-Hispanic	86%	92%	90%	529
African American	6%	2%	4%	22
Asian	2%	2%	2%	11
American Indian	3%	1%	2%	14
Other Race	3%	2%	3%	15
Hispanic (of any races)	4%	6%	5%	30

English was the predominate language spoken at home by 95%, while 2% reported speaking Spanish at home.

There were some differences in educational attainment between emergency response areas. The Portland response area had a slightly higher percentage of respondents with a bachelor or post graduate degree while the Gresham response area had a higher percentage of respondents with a high school education or less.

#### Education Level

Education Level	Portland Response Area	Gresham Response Area	Total	N
Less than High School	5%	8%	7%	42
Graduated High School or GED	26%	32%	29%	182
Some College	37%	29%	33%	203
Associate or Technical Degree	9%	14%	12%	74
Bachelor's Degree	12%	9%	11%	65
Post Graduate Degree	11%	7%	9%	56

Sixty percent of respondents reported their annual household incomes as below \$35,000. The median household income in Multnomah County in 2000 was \$40,275.

#### Annual Household Income

Annual Household Income	Total	N
< \$10,000 to < \$15,000	26%	149
\$15,000 to < \$25,000	17%	100
\$25,000 to < \$35,000	16%	90
\$35,000 to < \$50,000	11%	64
\$50,000 to < \$75,000	11%	64
\$75,000 +	8%	45
Don't know	12%	68

### Satisfaction with Emergency Medical Services

Overall, respondents were satisfied with the assistance they received from Emergency Medical Services. The mean score of overall satisfaction was 8.97 on a scale of 1 to 10, where 1 was very dissatisfied and 10 was very satisfied. In response to the question of the extent to which expectations about services were met on a scale of 1 to 10, where 1 falls short of expectations and 10 exceeds expectations, the mean overall score was 8.83. Overall satisfaction and expectations met were not significantly different between the Portland Response Area and the Gresham Response Area.

#### Satisfaction by Response Area

Response Area	Overall Satisfaction Score	Expectations Met Score
Portland Response Area	8.85	8.79
Gresham Response Area	9.08	8.86
Total	8.97	8.83

The overall satisfaction and expectations met scores were not significantly different by gender. While all race and ethnic groups tended to be very satisfied with the services they received, White non-Hispanic satisfaction scores were significantly higher than African American scores.

**Satisfaction by Gender**

	<b>Overall Satisfaction Score</b>	<b>Expectations Met Score</b>
Male	8.82	8.63
Female	9.06	8.94

**Satisfaction by Race/Ethnicity**

<b>Race/Ethnicity</b>	<b>Overall Satisfaction Score</b>	<b>Expectations Met Score</b>
White non-Hispanic	9.05	8.88
Hispanic (of any race)	8.57	8.31
American Indian	8.50	8.54
Asian	8.27	8.36
African American	8.23	8.23

Overall satisfaction and meeting expectations increases after the age of 34 until age 65 and older where satisfaction ratings are not significantly different.

**Satisfaction by Age Group**

<b>Age Group</b>	<b>Overall Satisfaction Score</b>	<b>Expectations Met Score</b>
18-34 years	8.51	8.46
34-50 years	8.37	8.28
50-65 years	9.03	8.83
65-80 years	9.49	9.31
80+ years	9.25	9.14

## The 9-1-1 Call

For almost half of respondents, a friend or family member made the 9-1-1 call. Someone at the scene made the call for a third of respondents and 17% made the 9-1-1 call themselves.

**9-1-1 Caller Type**

<b>Caller Type</b>	<b>%</b>	<b>N</b>
Friend/Family Member	45%	285
Someone at the scene	30%	188
Self	17%	105
Don't Know	8%	50

The respondents who made the 9-1-1 call themselves were asked to think about their 9-1-1 call experience and respond to four questions on a scale of strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, and strongly disagree.

Over 90% (93% in the Portland response area and 90% in the Gresham response area), of respondents who made the 9-1-1 call themselves strongly agreed that the 9-1-1 call was answered promptly. Nearly all, 99%, of respondents either strongly or somewhat agreed that the 9-1-1 call was answered promptly.

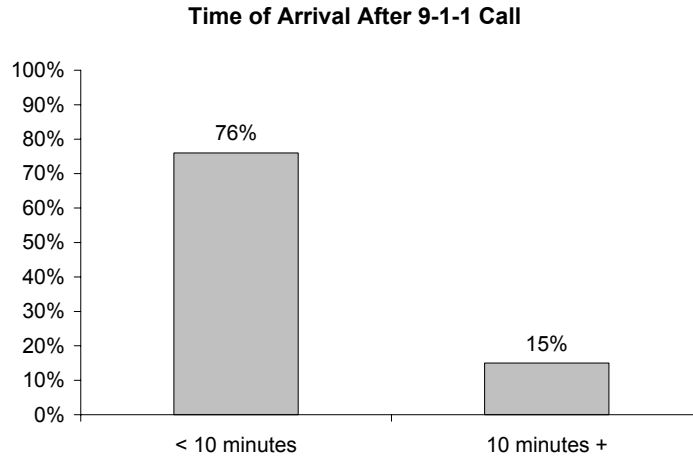
Three quarters of respondents, 76%, strongly agreed that the 9-1-1 call taker gave clear instructions indicating the next steps the caller should take to handle the emergency medical situation. The majority, 84%, strongly or somewhat agreed that the 9-1-1 call taker gave clear instructions and 11% reported that they didn't know.

When asked if they understood what the call taker told them to do, 76% strongly agreed that they understood. Combined, 84% indicated strongly or somewhat agree and 11% indicated they didn't know.

The overwhelming majority strongly agreed when asked if the call taker was courteous and respectful. There were no respondents who disagreed that the call taker was courteous and respectful.

## Care At The Site

The majority, 76%, indicated that their perception was that it took less than 10 minutes for help to arrive after the 9-1-1 call was made. About 15% indicated that it seemed to them that it took 10 minutes or more for help to arrive and 10% didn't know. There were no differences between the Portland and Gresham response areas on this question.



When asked to rate the speed of emergency response, 78% of respondents indicated the response time was “very quick” or “quick” in their estimation.

**Speed of Emergency Response**

Response speed	%	N
“very quick”	41%	246
“quick”	37%	225
“what would be expected”	19%	112
“slow or very slow”	4%	21

In the Portland response area, 43% indicated “very quick” and in the Gresham response area 39% indicated “very quick”.

When asked whether there were sufficient personnel to care for them once the emergency medical personnel arrived, 86% indicated that the “right number of people were at the scene”, 13% that there were “too many people”, and 1% that “additional people were needed”. These percentages vary little between the Portland and Gresham response areas.

Respondents were asked who took care of them at the scene of the emergency with an option of choosing more than one response. Half of the respondents indicated that both fire fighter and ambulance personnel took care of them at the emergency. Over a third indicated that ambulance personnel alone took care of them.

**Type of Personnel at the Emergency Scene**

<b>Personnel type</b>	<b>%</b>	<b>N</b>
Fire fighter and ambulance personnel	55%	336
Ambulance personnel only	36%	223
Ambulance personnel and police/sheriff's officer	14%	83
Police/sheriff's officer and fire fighter	7%	45
Fire fighter, ambulance personnel, and police/sheriff's officer	7%	45
Fire fighter only	1%	7
Police/sheriff's officer only	1%	4
Other responses: Nurse (4), Doctor, Physician at scene, Family doctor and the doctor's nurse, Neighbor, Security from the building		

Note: More than one type of personnel could be chosen.

Respondents were asked if emergency workers clearly explained what they were doing on a scale of strongly agree to strongly disagree. Over three-quarters strongly agreed that the emergency workers clearly explained what they were doing.

**Emergency Workers Explanation Clear**

<b>Explanation Clear</b>	<b>Portland Response Area</b>	<b>Gresham Response Area</b>	<b>Total</b>	<b>N</b>
Strongly agreed	75%	81%	78%	469
Somewhat agreed	16%	13%	14%	86
Neither agreed nor disagreed	2%	1%	2%	20
Strongly or somewhat disagreed	7%	5%	6%	36

A majority of respondents, 78% from the Portland response area and 83% from the Gresham response area, felt that they understood what the emergency workers were doing. Only 4% felt they did not understand what the emergency workers were doing.

Ninety percent of the respondents strongly agreed that the emergency service personnel were courteous and respectful, 6% somewhat agreed.

The vast majority of respondents, 98%, felt that emergency workers had the equipment necessary for their care. Two percent felt that other equipment was needed and offered these responses:

- An articulating stretcher.
- Baby monitor.
- Monitor assistance.
- Heart equipment.
- Inhalers.
- Respiratory equipment did not work.
- Stretcher with two large men.
- Pain medication, immediate morphine.
- I needed a butterfly needle to get into my vein, they couldn't administer pain medication.
- They didn't have enough of the pain killers for someone that is allergic to morphine.

When asked to rate the quality of care received at the scene of the emergency, 71% responded excellent, 23% good, 4% average and 2% below average or poor.

#### **Quality of Care Received at Scene**

<b>Quality of Care</b>	<b>%</b>	<b>N</b>
Excellent	71%	446
Good	23%	146
Average	4%	25
Below average or poor	2%	10

These numbers were very similar for the Portland and Gresham response areas.

Respondents were asked how many of their needs were met for care received at the scene of the emergency. More than three-quarters, 77%, of respondents indicated that “all of my needs were met”.

#### **Needs Were Met For Care Received At Scene**

<b>Needs Meet</b>	<b>%</b>	<b>N</b>
“all of my needs were met”	77%	471
“most of my needs were met”	18%	113
“a few of my needs were met”	4%	24
“almost none of my needs were met”	1%	8

These percentages are similar when comparing the Portland and Gresham response areas.

### **Ambulance Transportation**

A number of questions about ambulance transportation from the scene of the emergency to the hospital emergency department were asked. The initial sample of clients was screened to select only those clients who were transported to the hospital. Questions were asked both about options for transport to the emergency department as well as options for a particular hospital.

Forty percent of respondents reported that emergency workers explained the patient’s options for transport to an emergency department while an additional 40% reported that they did not have options explained to them. Twenty percent reported that they didn’t know whether options were explained.

Of those respondents who reported that transport options were explained, 79% indicated that ambulance personnel explained options, 7% indicated a fire fighter, 3% indicated other emergency personnel, 1% that it was a police or sheriff’s officer, and 10% didn’t know.

Over two-thirds, 68%, of respondents were aware that they would be responsible for the costs of transport and treatment, 26% were not aware and 7% didn't know if they were aware.

Fifty-five percent of respondents reported that emergency workers indicated options for choosing a hospital for transport. A third reported not having options given to them while 13% indicated they didn't know.

For those respondents who were given options for a hospital choice, 87% indicated that they were taken to the hospital of their choice, 10% (33) were not taken to the hospital of their choice and 3% did not choose a hospital.

Of the 33 respondents who weren't taken to the hospital of their choice, 82% had the emergency worker explain why they were not taken to the hospital of choice, 18% did not receive an explanation.

In rating the overall quality of care received during transport to the emergency department, 68% of respondents indicated excellent and 24% indicated good, 5% indicated average and 3% indicated below average or poor.

**Quality of Care Received During Transport**

<b>Quality of Care</b>	<b>%</b>	<b>N</b>
Excellent	68%	415
Good	24%	147
Average	5%	31
Below average or poor	3%	16

In thinking about their care needs during transport to the emergency department, over three-quarters indicated that "all of my needs were met".

**Needs Met During Transport to Emergency Department**

<b>Needs met during transport</b>	<b>%</b>	<b>N</b>
"all of my needs were met"	76%	451
"most of my needs were met"	18%	103
"a few of my needs were met"	5%	31
"almost none of my needs were met"	1%	7

Overall, 88% of respondents strongly agreed that they were treated with courtesy and respect during transport to the emergency department. In the Portland response area, 85% strongly agreed and, in the Gresham response area, 92% strongly agreed. Overall, 8% somewhat agreed that they were treated with courtesy and respect during transport.

## **Transfer To Hospital**

Respondents were asked about the care they received immediately upon arrival at the hospital. Nearly all respondents, 94%, indicated that ambulance personnel took them into the hospital.

Eighty-two percent of respondents reported that ambulance personnel made sure that staff in the emergency department received the information they needed while 17% reported that they didn't know if information was received by emergency department staff.

Almost two-thirds, 65%, of respondents rated the quality of care received while being transferred from the ambulance to the emergency department as excellent, 29% reported it as good, 4% as average, and 2% as below average or poor.

## **Dispatch Codes and Primary Illnesses of Interest**

Survey results were analyzed based on the type of incident the respondent had experienced, as indicated by the triage code category assigned by the 9-1-1 call taker and/or the primary assessment code recorded by the transporting paramedics in the electronic patient care record. Three topics of particular interest to Multnomah County EMS (MCEMS) were addressed in this manner.

It is a recognized issue for EMS systems nationally that many individuals experiencing the symptoms of heart attacks and strokes will delay accessing health care resources for long enough to negatively impact the outcome of their condition. In order to gain information on the potential extent of such a problem locally, an analysis was done of the response to questions on access to care topics among the subgroup of respondents whose record indicated that their incident involved a complaint of chest pain or stroke symptoms. Among this group, 51% thought to call 9-1-1 and 21% made the call themselves while 46% had a family or friend call 9-1-1. Of those who made the 9-1-1 call themselves 97% strongly agreed that the call was answered promptly, 91% strongly agreed that the 9-1-1 call taker was respectful, and 84% strongly or somewhat agreed that the 9-1-1 call taker gave clear instructions.

Another recognized issue for EMS systems results from the relative infrequency of immediately life-threatening emergencies among 9-1-1 calls for medical care. Some EMS providers become upset, frustrated, or angry about responding to incidents that do not meet their personal standard for legitimate emergency care requests, and as a result may be disrespectful or inconsiderate to patients in such situations. These situations can result from the judgment that the patient is undeserving of care, generally when associated with criminal activity, as well as that the patient's condition is not serious. To gain information on the potential extent of this problem, an analysis of respondents whose call for medical care was coded as being for back pain, overdose, assault, or nonspecific illness was examined for differences in response to the survey questions concerning the courtesy and respect they experienced from providers. Among this group,

22% made the 9-1-1 call themselves and 91% indicated that the 9-1-1 call taker was courteous. A significantly lower percentage of this subgroup compared to all respondents strongly agreed that emergency service personnel were courteous and respectful at the scene of the emergency. Of the subgroup, 82% strongly agreed compared to 90% of respondents as a whole.

The last specific issue for which there was a subgroup analysis concerned patient understanding of the hospital destination determination process. In most cases, the primary determinant of the destination hospital should be the explicit direction of the patient. An exception to this standard for conscious patients applies when a patient is entered into the Oregon Trauma System. Multnomah County has two Level I Trauma Centers that have agreed that the patient load should be distributed between them based on the geographical location from which the patient is being transported unless the patient expresses a specific preference. MCEMS has noted indications that patients not formally entered into the Trauma System may be being transported selectively to the Trauma Centers in cases where the providers consider it a prudent safeguard. An analysis was done of the destination decision process in the subgroup of patients whose calls for care were coded to indicate that traumatic injuries may have occurred. Among this group, 56% were given options in terms of choosing the hospital to which they were transferred, 24% were not given an option and 20% didn't know. These percentages are similar to the response overall.

## **Conclusion**

Overall clients who used the emergency medical services between April and September 2002 were satisfied with the services they received. A friend or family member was the person most frequently identified as making the 9-1-1 call. Of those respondents who made the call themselves, the majority of respondents felt that the 9-1-1 call was answered promptly and the call taker was courteous, respectful and gave clear instructions. Three-quarters of those surveyed reported that it took less than 10 minutes for emergency personnel to arrive at the scene and that this timing was quick or very quick in their estimation.

The majority of clients surveyed felt that there were sufficient emergency personnel on the scene and that the emergency workers were courteous and respectful, knew what they were doing, and had the equipment necessary to respond to the emergency.

More than two-thirds of respondents understood that they would be responsible for the costs of transportation and treatment. Overall, clients felt that their needs were met during transportation to the hospital.

Nearly all clients reported that ambulance personnel took them into the hospital and that the ambulance personnel made sure that emergency department staff had the information needed about the client.

The results of this survey will be used as a baseline to evaluate any future changes in the services of the Emergency Medical Services Division.

## Appendix

### Customer Satisfaction Survey

Hello, my name is \_\_\_\_\_ I am calling from Clearwater Research on behalf of Multnomah County Emergency Medical Services. May I please speak to ... ?

We are speaking to people who recently received medical care provided by ambulance or firefighting personnel outside of the hospital in Multnomah County We are asking about their experiences with those services. Our records show that you recently received these medical care services. Is that correct?

I would like to ask you some questions about your recent experience with emergency medical services in Multnomah County. The information you provide will be used to help improve the quality of emergency services in the County. The survey should take about 10 minutes to complete. Your answers will be confidential and your participation is voluntary. May I begin?

People in a wide variety of conditions utilize emergency medical services. How would you rate your condition at the time you received emergency medical care? Would you say you were...

1. CONSCIOUS AND AWARE OF WHAT WAS HAPPENING
2. CONSCIOUS BUT DISORIENTED
3. UNCONSCIOUS

Can you recall your emergency medical service experience well enough to assess the services you received?

1. YES
2. NO

First I'd like to ask you some questions about the 911 call.

Q1 When you needed emergency care, did you immediately think to call 911?

1. YES
2. NO

Q2 Who made the 911 call?

1. SELF
2. FRIEND/FAMILY MEMBER
3. SOMEONE AT THE SCENE

Q3 For the next few questions, please think about your 911 call experience. For each statement, please tell me whether you agree or disagree.

The 911 call was answered promptly. Do you...

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree, or
5. Strongly disagree

Q4 The call taker gave clear instructions indicating the next steps you should take to handle the emergency medical situation. Do you....

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree, or
5. Strongly disagree

Q5 You understood what the call taker told you to do. Do you....

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree, or
5. Strongly disagree

Q6 The call taker was courteous and respectful? Do you...

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree, or
5. Strongly disagree

Now I'd like to ask you some questions that focus on the care received for the medical condition that prompted you to seek care through 911.

Q7 After the 911 call was made, how long did it take for help to arrive? Did it take

1. Less than 10 minutes, or
2. 10 minutes or more

Q8 How would you rate that speed of the emergency response? Would you say it was...

1. Very slow
2. Slow
3. About what would be expected
4. Quick
5. Very quick

Q9 When the emergency medical personnel arrived, were there sufficient personnel –such as paramedics, fire fighters, or police officers—to care for you? Would you say...

1. There were too many people, or
2. Additional people were needed, or
3. The right number of people were there

Q10 What types of emergency services personnel took care of you at the scene of the emergency? (CHECK ALL THAT APPLY.)

1. Fire fighters
2. Ambulance (AMR) personnel
3. Police officers or sheriff's officers
4. OTHER: (SPECIFY) \_\_\_\_\_

Q11 For each of the next few statements, please tell me whether you agree or disagree. The emergency workers clearly explained what they were doing. Do you....

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree, or
5. Strongly disagree

Q12 You understood what the emergency workers were doing. Do you....

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree, or
5. Strongly disagree

Q16 The emergency service personnel were courteous and respectful? Do you...

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree, or
5. Strongly disagree

Q13A Did the emergency workers have the equipment that was necessary to care for you?

1. Yes
2. No

Q13B What other equipment was needed?

\_\_\_\_\_

Q14 How would you rate the quality of the care you received at the scene of the emergency?  
Would you say it was...

1. Excellent
2. Good
3. Average
4. Below average, or
5. Poor

Q15 Now think about the care needs you had at the scene of the emergency and compare those needs to the treatment you actually received. How many of your needs were met? Would you say....

1. All my needs were met
2. Most of my needs were met
3. A few of my needs were met, or
4. Almost none of my needs were met

The next few questions are about the ambulance transportation that might have been part of your emergency situation.

Q17 Were you transported by an ambulance to a hospital emergency department?

1. YES
2. NO

Q18 Did the emergency workers explain to you the different options for your actual transport to an emergency department at a hospital?

1. YES
2. NO

Q19 Who explained your options for transport to a hospital? Was it....

1. A fire fighter
2. Ambulance (AMR) personnel
3. A police or a sheriff's officer
4. OTHER: (SPECIFY) \_\_\_\_\_

Q20 Did the emergency workers indicate you had options in terms of choosing the hospital where you would be transported?

1. YES
2. NO

Q21 Were you taken to the hospital of your choice?

1. YES
2. NO
3. I DID NOT CHOOSE A HOSPITAL

Q22 Did the emergency workers explain why you were not taken to the hospital that you requested?

1. YES
2. NO

Q23 Were you aware that you would be responsible for the costs of your transport and treatment?

1. YES
2. NO

Q24 How would you rate the quality of the care you received during transport to the emergency department? Would you say it was....

1. Excellent
2. Good
3. Average
4. Below average, or
5. Poor

Q25 Now think about the care needs you had during transport to the emergency department and compare those needs to the treatment you actually received. How many of your needs were met? Would you say....

1. All my needs were met
2. Most of my needs were met
3. A few of my needs were met, or
4. Almost none of my needs were met

Q26 Do you agree or disagree that you were treated with courtesy and respect during transport to the emergency department? Would you say you....

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree

4. Somewhat disagree, or
5. Strongly disagree

Now my questions will concentrate on the care you received immediately after you arrived at the hospital.

Q27 Did the ambulance personnel take you into the hospital?

1. YES
2. NO

Q28 Did the ambulance personnel make sure that staff in the emergency department received the information they needed?

1. YES
2. NO

Q29 How would you rate the quality of the care you received while being transferred from the ambulance to the emergency department? Would you say it was....

1. Excellent
2. Good
3. Average
4. Below average, or
5. Poor

In responding to the following questions, please consider your overall, broad experience with the emergency medical services system in Multnomah County.

Q31 On a scale of 1-10, where 1 is very dissatisfied and 10 is very satisfied, how would you rate your overall satisfaction with the services you received from the Multnomah County Emergency Medical Services System?

\_\_ (1 through 10)

Q32 Considering all of the expectations you may have had about the services, to what extent did the services met your expectations? Use the same 10 point scale, where 1 means falls short of your expectations and 10 means exceeds your expectations.

\_\_ (1 through 10)

We're almost done now. I just have a few more questions about you and your household. Please remember that all your answers will be kept completely confidential.

Q33 INDICATE SEX OF RESPONDENT.

1. MALE
2. FEMALE

Q34 What is your age as of your last birthday?

\_\_ years

Q35 Are you Spanish Hispanic or Latino?

1. YES
2. NO

Q36 Which one of these groups would you say best represents your race?

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian, Alaska Native
6. OTHER: (SPECIFY)\_\_\_\_\_

Q37 What language do you speak at home?

1. ENGLISH
2. SPANISH
3. OTHER: (SPECIFY)\_\_\_\_\_

Q38 Which of the following best describes your level of education? Would you say:

1. Less than high school
2. High school or GED
3. Some college
4. Associate or technical degree
5. Bachelor's degree
6. Post graduate degree

Q39 Is your annual household income from all sources:

01. Less than \$10,000
02. Less than \$15,000 (\$10,000 to less than \$15,000)
03. Less than \$20,000 (\$15,000 to less than \$20,000)
04. Less than \$25,000 (\$20,000 to less than \$25,000)
05. Less than \$35,000 (\$25,000 to less than \$35,000)
06. Less than \$50,000 (\$35,000 to less than \$50,000)
07. Less than \$75,000 (\$50,000 to less than \$75,000)
08. \$75,000 or more

Q40 Would you like someone from emergency services to call you so that you can talk more about your experiences?

1. YES
2. NO

Those are all of my questions. Thank you very much for participating in this study.



**MULTNOMAH  
COUNTY**