
	<b>Department of Pathology Customer Satisfaction</b>	<b>Dept:</b>	Pathology
		<b>Effective Date:</b>	
		<b>Revised Date:</b>	New
		<b>Contact:</b>	Laboratory Compliance, Quality, and Safety
<b>Name &amp; Title:</b> Greg Pomper, MD		<b>Date:</b>	1/16/19
<b>Signature:</b> 			

**1) General Procedure Statement:**

The Department of Pathology strives to provide the highest level of patient care to all of its various types of customers. In order to assess this level of service, we have developed an anonymous survey using the services of REDCap to distribute to selected departments, on a quarterly basis. The department surveyed is chosen by the CLIA Laboratory Director with input from the Pathology Department Chair, other delegated Section Medical Directors and the Department Director.

The CLIA Lab Director contacts the selected department and asks for permission to send the survey and for the most appropriate method of dispersal for optimal participation. With assistance from the Laboratory Compliance, Quality and Safety staff, invitations for the survey are sent electronically to each individual. Each individual has a unique link that remains anonymous in REDCap. The time to complete the survey is one month.

At the end of the survey period, the Compliance staff exports the results from REDCAP in a PDF and CSV format. The CSV results are saved as an Excel spreadsheet and edited into an easily used format. From this Excel worksheet, a PowerPoint presentation is made and distributed to the CLIA Laboratory Director for review. Any follow-up, changes and/or improvements are determined based on the survey response. This data will be presented to the Laboratory Executive Committee by the CLIA Laboratory Director to provide input and direction on implementation of the recommended changes or improvements.

Minutes from the Laboratory Executive Committee Meetings will reflect documentation of follow-up survey discussions and outcomes.

Copies of the survey results are kept in the format of an EXCEL spreadsheet and the PowerPoint presentation for documentation to fulfill the CAP standard:

GEN.20335 Customer Satisfaction Phase I The laboratory has measured the satisfaction of healthcare providers or patients with laboratory services within the past two years.

**a. Responsible Department/Scope:**

- i. Procedure owner/Implementer: Department of Pathology

- ii. Procedure prepared by: Department of Laboratory Compliance, QA POC, and Safety
- iii. Supervision: CLIA Laboratory Director
- iv. Implementation: CLIA Laboratory Director and the Laboratory Compliance, Quality and Safety Staff

- 2) **Review/Revision/Implementation:**  
All procedures must be reviewed at least every 2 years.  
Procedure is housed in the Laboratory Compliance Section of Pathology
- 3) **Related Procedures:**
- 4) **References: CAP GEN.20335**
- 5) **Attachments:**  
Attachment A – Example Customer Survey
- 6) **Revised/Reviewed Dates and Signatures:**

Review Date	Revision Date	Signature

# Attachment A – Example Customer Survey

Continued

Page 1 of 3

## Department of Pathology Laboratories - Main Campus Survey

Thank you for taking the time to participate in the Department of Pathology and Lab Medicine's Meet the Customer Survey. Pathology and Lab Medicine hold customer satisfaction as one of the most important aspects of what we do. From your participation in this survey we hope to gain an understanding of you as a customer, what you need from Pathology and Lab, and your current perspective on our strengths and areas of opportunity. We will then work with you to develop solutions to issues resulting in the best possible quality care for our patients.

Thank you in advance for your transparent and constructive feedback.

---

Conversation with our Customers

---

**The Department of Pathology Laboratories (Main Campus) invites you to partner with us in our commitment to service excellence. This commitment involves ongoing evaluation and meaningful conversation with you, our customers, with the goal to identify best practices and opportunities for excellence.**

**We desire your constructive feedback - please include specific examples whenever possible. The survey takes approximately 5-10 minutes to complete. Thank you in advance for your valuable time!**

### Overall Satisfaction

	Very Satisfied	Somewhat satisfied	Neutral	Somewhat Dissatisfied	Dissatisfied	Not Applicable
Please rate your overall satisfaction with how the Laboratory Staff answer your questions in a timely and friendly manner:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please rate your overall satisfaction with the Surgical Pathology/Histology Laboratory Service:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please rate your overall satisfaction with the Cytopathology Laboratory Service:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10/08/2018 9:44am

projectredcap.org



Please rate your overall satisfaction with the Decedent Care Center (Autopsy) Service:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please rate your overall satisfaction with the Chemistry Service:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please rate your overall satisfaction with the Hematology Service:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please rate your overall satisfaction with the Flow Cytometry Service:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please rate your overall satisfaction with the Critical Care Laboratory Service:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please rate your overall satisfaction with the Blood Gas and/or OR Path Lab Service:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please rate your overall satisfaction with the Microbiology Laboratory Service:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please rate your overall satisfaction with the Molecular Pathology Laboratory Service:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please rate your overall satisfaction with the Phlebotomy Service:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please rate your overall satisfaction with the Blood Bank Service:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please rate your overall satisfaction with the HLA Laboratory Service:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please rate your overall satisfaction with the Medical Genetic Laboratory Service:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please rate your overall satisfaction with the BMT Laboratory Service:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please rate the level of professionalism received when calling the Main (Central) laboratory for assistance:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please rate the level of politeness received when calling the Main (Central) laboratory for assistance:

Was your question / issue resolved to your satisfaction when contacting the Main (Central) laboratory?

What laboratory tests/services would you like to see added or expanded?

None  
 See the following

Tests/Services to add or expand:

\_\_\_\_\_

Please comment on anything we are doing exceptionally well. Please provide specific examples.

\_\_\_\_\_

Please comment on anything we can do to improve our services. Please provide specific examples.

\_\_\_\_\_