

 <p>Franciscan Health System</p> <p>St. Anthony Hospital Gig Harbor, WA St. Clare Hospital Lakewood, WA St. Francis Hospital Federal Way, WA St. Joseph Medical Center Tacoma, WA</p>	<p>POLICY</p>	<p>DOCUMENT NUMBER R-PO-AD1200-01</p>
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<p>QUALITY POLICY: CUSTOMER SERVICE</p>		

12.0 PURPOSE

This essential describes how the Franciscan Health System Laboratory identifies the needs and expectations of internal and external customers, and actively seeks feedback to determine where improvements in service can be achieved to assure effective customer service practices.

12.1 IDENTIFICATION OF INTERNAL AND EXTERNAL CUSTOMERS

The customers of Franciscan Health Laboratory are made up of internal and external customers including:

- Patients
- Inpatient Providers
- FHS Departments and Patient Care Units
- Nursing Staff
- Employees
- Outpatient Providers (Paclab and Franciscan Medical Group)
- Long Term Care Facilities
- Assisted Living/Adult Homes
- Community (outreach for health fairs, etc)

12.2 SATISFACTION SURVEYS

Satisfaction surveys are created by FHS Administration for hospital providers, by Jackson for employees, and by Paclab for outreach providers and patients. Surveys are administered periodically to determine customer satisfaction. The results are communicated to stakeholders, and action plans to improve findings are implemented when indicated.

12.3 CUSTOMER FEEDBACK MECHANISMS

Positive customer service feedback is received by the laboratory in a number of ways. The FHS “Caught-In-The Act” (CIA) form is used to document positive feedback that is recognizing values-based customer service standards internal to FHS. The CIA form is routed to the responsible manager, and the employee(s) are recognized within the department. External feedback may be received by phone call, email, or by written correspondence and referred to appropriate laboratory manager.

12.4 COMPLAINT MANAGEMENT AND DOCUMENTATION

Negative feedback or complaints are received via phone, email, or correspondence. Initial complaints from patients are documented on a Quality Improvement Monitoring

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(QIM) form by laboratory staff or management. Depending upon the issue, it may be appropriate to follow the FHS Complaint Management Policy (Administrative Manual 320.00). In these cases, the occurrence is documented on the Patient Grievance form and routed to FHS patient advocates, who facilitate communication between the customer and the department until the complaint is resolved. All actions are documented and treated as quality occurrences. The Lab Regulatory Manager is provided copies of any significant patient complaints. Complaints regarding the quality or physical results of a phlebotomy procedure from patients may be referred to the pathologist if the patient desires.

12.5 PROCESS IMPROVEMENT

FHS Laboratory considers negative customer service feedback to be a quality concern with an opportunity for improvement, and corrective action measures are taken. Any corrective action taken is documented on the lab Quality Improvement Monitoring Tool (QIM) form, or the hospital patient grievance form. All QIMs are tracked and trended through the process improvement processes for the laboratory and/or FHS Risk Management.

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