Background

The staff at Clinton Service Unit is taking on the challenge of obtaining.....

Customer Service Excellence.

Improving Customer Service starts with you as a patient to provide feedback of how we currently provide service.

This survey will help us as a Service Unit to improve patient care utilizing these five elements:

Performing- Looking at ways to learn about and improve on the services we provide.

Rounding-Improving communication with patients by building relationships and learning what our patients want and need.

Expecting- Establishing goals and meeting expectations of our patients.

Scripting- Making sure that we sending the same are message to our patients and delivering consistent information.

Storytelling. - Whether positive or negative, stories are very



Indian Health Service

Service Excellence Priorities

To renew and strengthen our partnership with tribes

To reform the IHS

To improve the quality of and access to care

To make all our work accountable, transparent, fair, and inclusive



Clinton Service Unit Clinton/El Reno/Watonga

> 10321 N 2274 Rd. Rt1, Box 3060 Clinton, OK 73601 Phone: 580-323-2884

Fax: 580-323-2579

Form Approved OMB Form No. 0917-0036-11 **Expiration Date:** 5/31/2015



Continually **Improving** Dationt Caro

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0917-

The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336E, Washington D.C. 20201, Attention: PRA Reports

PERFORI I am informed on all the service Watonga provides. Strongly Agree Agree Strongly Disagree	_	, El Reno, or Disagree	SCRIPTING I am welcome when I come to the clinic. Strongly Agree Agree Neutral Disagree Strongly Disagree
The staff at Clinton, El Reno, or information I need to understan Strongly Agree Agree Strongly Disagree			The staff of Clinton, El Reno, or Watonga are happy to help with my needs. Strongly Agree Agree Neutral Disagree Strongly Disagree
My health has improved from the Clinton, El Reno, or Watonga. Strongly Agree Agree Strongly Disagree	ne care I have	received from Disagree	I am satisfied with the service provided to me. Strongly Agree Agree Neutral Disagree Strongly Disagree
ROUNDING I am able to openly talk with staff about my health care needs.			
I am able to openly talk with sta	aff about my h	ealth care	Comments:
I am able to openly talk with staneeds. Strongly Agree Agree	aff about my h	ealth care Disagree	Comments:
I am able to openly talk with staneeds. Strongly Agree Agree Strongly Disagree I spend enough time with my doconcerns. Strongly Agree Agree	Neutral	Disagree	STORYTELLING What stood out during your visit at Clinton, El Reno, or Watonga?
I am able to openly talk with staneeds. Strongly Agree Agree Strongly Disagree I spend enough time with my doconcerns.	Neutral octor to addre	Disagree ss my health	STORYTELLING What stood out during your visit at Clinton, El Reno, or
I am able to openly talk with staneeds. Strongly Agree Agree Strongly Disagree I spend enough time with my doconcerns. Strongly Agree Agree	Neutral octor to addre	Disagree ss my health Disagree	STORYTELLING What stood out during your visit at Clinton, El Reno, or

I call ahead of time and make an appointment.

Strongly Agree Agree Strongly Disagree Neutral **Disagree**

EXPECTING

I feel I receive quality health care from Clinton, El Reno, or

Watonga.

Please return your completed survey in any of the white comment card boxes throughout the facility. Thank you for your time.

May we contact you to further discuss your comments or your story?
Patient Name: Contact

number: