

## 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 are sending the same 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/EI Reno/Watonga**

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Form Approved  
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**Continually  
Improving  
Patient Care**

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 0917-0036.

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

### PERFORMING

I am informed on all the services that Clinton, El Reno, or Watonga provides.

**Strongly Agree**   **Agree**   **Neutral**   **Disagree**  
**Strongly Disagree**

The staff at Clinton, El Reno, or Watonga provides the information I need to understand my health care needs.

**Strongly Agree**   **Agree**   **Neutral**   **Disagree**  
**Strongly Disagree**

My health has improved from the care I have received from Clinton, El Reno, or Watonga.

**Strongly Agree**   **Agree**   **Neutral**   **Disagree**  
**Strongly Disagree**

### ROUNDING

I am able to openly talk with staff about my health care needs.

**Strongly Agree**   **Agree**   **Neutral**   **Disagree**  
**Strongly Disagree**

I spend enough time with my doctor to address my health concerns.

**Strongly Agree**   **Agree**   **Neutral**   **Disagree**  
**Strongly Disagree**

I am encouraged by my doctor and nurses to maintain a healthier lifestyle.

**Strongly Agree**   **Agree**   **Neutral**   **Disagree**  
**Strongly Disagree**

I call ahead of time and make an appointment.

**Strongly Agree**   **Agree**   **Neutral**   **Disagree**  
**Strongly Disagree**

### EXPECTING

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

**Strongly Agree**   **Agree**   **Neutral**   **Disagree**  
**Strongly Disagree**

### SCRIPTING

I am welcome when I come to the clinic.

**Strongly Agree**   **Agree**   **Neutral**   **Disagree**  
**Strongly Disagree**

The staff of Clinton, El Reno, or Watonga are happy to help with my needs.

**Strongly Agree**   **Agree**   **Neutral**   **Disagree**  
**Strongly Disagree**

I am satisfied with the service provided to me.

**Strongly Agree**   **Agree**   **Neutral**   **Disagree**  
**Strongly Disagree**

**Comments:**

### STORYTELLING

What stood out during your visit at Clinton, El Reno, or Watonga?

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*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:  
number:

Contact