The Service Excellence™
(Name of Service Recovery Fund) Tool Kit

Purpose:

To assist staff in providing excellent service in creative ways, and solve patient or key customer related problems. It is available to provide an immediate extra level of service where it is warranted.

Procedure:

- Service will be provided using 1 or more of the tools in this Tool Kit.

- A Record of A.C.T.I.O.N. will be filled out indicating:
  - Associate name
  - Service provided
  - Financial commitment (amount)
  - Date
  - Patient name/and room number
  - Supervisor or managers name
  - Department/Unit Name and Shift

- Record of A.C.T.I.O.N. and/or reimbursement request is to be submitted to the Customer Service Office.

Examples:

- Personal needs: Food for mother who slept overnight with sick child

- Behavioral changes: A child having a test is upset, a small stuffed animal can comfort. Someone who has to wait an unusual amount of time for a bed or procedure - a book might help

- Spiritual needs: If patient has no family or visitors, a small plant or cheerful card is given.

- Physical needs: Socks, slippers - something to improve physical comfort.
The Service Excellence™
(Name of Service Recovery Fund) Tool Kit

Draft as of ______________

Purpose:

To assist staff in providing excellent service in creative ways, and solve patient or key customer related problems. It is available to provide an immediate extra level of service where it is warranted on the spot (up to $250).

Tools:

- **Service Excellence Accounts**: are available with the following on-campus providers __________________________. If there is something you need that is not available from one of these providers, please use your creativity.

- **Taxi Vouchers**: for emergency situations where transportation service is needed and no other means of transportation is available. Taxi Vouchers are available through ____________________________.

- **Footprints**: clothing and shoes are available through ____________________________ (Monday - Friday ________ - ________) and ____________________________ after hours and weekends.

- **Thank you Note Cards and Envelopes**: are available through storeroom item __________ for cards and item __________ for envelopes. These note cards can be used to send a note to a patient during their visit or after they have gone home. (They can also be used to say “thank you” to a co-worker for providing excellent service).

- **(Name of Service Recovery Fund)**: The (Name of Service Recovery Fund) is available when other Tools do not meet the patient’s/customer’s needs. Any staff person is authorized to spend up to $250.00 to:
  1. Insure a customer’s needs are met
  2. Apply to “customer service golden rule”

  Cash reimbursement is available through the cashier. Approval is required by Customer Service Office, located ____________________. For more information call extension __________. (Note: Cash is not to be given directly to patients).

- **Foundation**: for situations that exceed the (Name of Service Recovery Fund) Tool Kit guidelines. Please call Foundation extension __________ and ________________ after hours.

Procedure:

All staff members can assess the services of the participating on-campus providers by showing their I.D. badge and completing the (Name of Service Recovery Fund) Tool Kit Record of Action form (copy attached). These forms are available at all of the participating locations.
**Service Excellence**  
*(Name of Service Recovery Fund)* **Tool Kit**

Available On-Campus Providers:  
and Hours of Operation

**Gift Shop**  
Hours of Operation:  
__________ - __________ Monday through Friday  
__________ - __________ Saturday and Sunday

- Flowers and plans (Y.E.S. Standard Available)
- Gift Baskets
- Greeting Cards
- Gift Items

*For further information call extension _______

**Beauty Salon**  
Hours of Operation:  
__________ - __________ Monday to Friday  
__________ - __________ Saturday

*For further information call extension _______

**Cafeteria**  
Hours of Operation:  
__________ - __________

- Food Items

*For further information call extension _______

**Security**  
Hours of Operation:  
__________ - __________

*For further information call extension _______

**Foundation**  
Hours of Operation:  
__________ - __________

*For further information call extension _______

Contact ________________ after hours and weekends
Service Excellence
(Name of Service Recovery Fund) Tool Kit

Record of A.C.T.I.O.N.
*Please fill out this form completely. Thank you!

Date: ________________________  Unit/Department (where situation occurred): ________________________

Name of Patient or Key Customer:

(Last Name) ________________________, (First) ____________________________

Include a brief but detailed explanation or “Story” of why the extra level of service is being provided:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Description of Expenditure (please be specific):

________________________________________________________________________________________
________________________________________________________________________________________

Actual Amount Spent ________________________ (*All supporting documentation/receipts and leftover change upon completion of purchase must be turned in. Attach all receipts to this form.)

Name of Staff Providing the Service: ________________________________ I.D. Badge # ______
Unit/Department Staff works on: _________________________ Extension: ____________ Shift: _________
Name of Supervisor: ____________________________ Extension: ______________

Check Provider:  ☐ Gift Shop  ☐ Beauty Salon  ☐ Food Service  ☐ Security  ☐ Foundation

Complementary Service Voucher

Customer Name: ____________________________ Date: ____________________________

☐ Taxi Voucher please submit this voucher to ____________________________ and they will arrange for your taxi.

☐ Cafeteria  Please submit this voucher to the Cafeteria for a free meal

☐ Beauty Salon  Please submit this voucher to the Beauty Salon at ____________________________