

**Tool Kit**



# Service Recovery

## 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. Tax 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

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**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 \_\_\_\_\_