



DEPARTMENT OF THE NAVY

NAVAL DENTAL CENTER  
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SAN DIEGO, CALIFORNIA 92136-5596

NAVDENCENS DIEGO INST 6010.3

OOQ

20 DEC 1996

NAVDENCEN SAN DIEGO INSTRUCTION 6010.3

Subj: CUSTOMER SATISFACTION PROGRAM

Ref: (a) NAVDENCENS DIEGO INST 6010.1C  
(b) NAVMEDCOMINST 6300.4

Encl: (1) Customer Satisfaction Survey  
(2) Patient Contact Referral Form  
(3) Patient's Rights and Responsibilities Form

1. Purpose. To coordinate the Customer Satisfaction Program and provide guidance to all personnel relative to the standards of care concerning this program.

2. Cancellation. NAVDENCENS DIEGO INST 6610.1.

3. Background. References (a) and (b) require establishment of a Customer Satisfaction Program to provide the highest quality of patient care and customer satisfaction for both staff and patients. Although the command has an outstanding record of customer service, this does not preclude continuing attention to those factors which contribute to high standards of service. The importance of good interpersonal relations and customer rapport in providing oral health care cannot be overemphasized.

4. Policy

a. All who are assigned to duties that bring them into contact with patients must be trained in appropriate customer satisfaction techniques. Every effort should be made to greet each patient courteously and professionally. Patients with potential issues of concerns should be afforded access to the Customer Satisfaction Representative. Whenever possible, issues, concerns, or complaints should be resolved at the lowest possible level.

b. Respect and professionalism must be provided to our internal customers.

c. The Area Dental Lab will collect internal customer satisfaction data for each fabricated case.



d. Command wide surveys will be conducted semiannually (October to March and April to September). Completed surveys will be returned to the Command Customer Satisfaction Manager at the end of March and September. This is necessary so results can be reported to the Executive Committee of Dental Staff (ECODS) in May and November.

HUE - LEM - MIR - MRD - NAB - NIS - NSN will submit 100 surveys

ASW - CLK - FAL - FIS - MGU - MON - SAN - SUB - NTC 50 surveys

e. Additional branch surveys are encouraged using copies of enclosure (1) or locally developed forms. Guidelines for distribution of surveys may include any of the following. The random distribution of surveys over a long period of time will lead to a more accurate survey and minimize short term influences.

(1) Select one day a week to distribute a selected number of surveys.

(2) In large clinics, select a department each month to survey.

(3) Survey each 10th or 20th patient. For a smaller clinic survey every 5th patient.

(4) Survey 1 to 5 percent of the patient population depending on the size of the Branch Dental Clinic.

f. Other survey methods such as "poker chips" can provide a daily pulse of customer satisfaction. Clinics will summarize results in quarterly Performance Improvements minutes.

## 5. Action

a. Executive Officer (XO). The XO has the overall responsibility for the Command Customer Satisfaction Program and delegates program management to the Command Customer Satisfaction Manager.

b. Command Customer Satisfaction Manager (CCSM). The CCSM coordinates and monitors the program and provides assistance to the Branch Directors and the Branch Customer Satisfaction Representatives. The CCSM ensures:

(1) Periodic training of Branch Customer Satisfaction Representatives.

- (2) Semiannual command survey completion and analysis.
- (3) Availability as a referral source when issues cannot be resolved at the branch level.
- (4) Quarterly program status reports are presented to the ECODS.
- (5) Evaluation and reporting of program effectiveness at the end of the fiscal year to the ECODS.

c. Branch Directors. The Branch Director ensures:

- (1) Appointment of a Branch Customer Satisfaction Representative.
- (2) Periodic customer satisfaction training is conducted at the BDC.
- (3) Submission of quarterly reports to the CCSM to include any significant patient satisfaction issues. Negative reports are not required.
- (4) Semiannual and periodic surveys are conducted as directed.
- (5) The Branch Customer Satisfaction Representative's picture is prominently displayed along with the Patient's Rights and Responsibilities document (as required by ref (b)).
- (6) Notify CCSM when branch representative changes.

d. Branch Customer Satisfaction Representatives. The Branch Customer Satisfaction Representative ensures:

- (1) Liaison between the customer and the clinic.
- (2) Appropriate and timely actions to customer issues to ensure satisfaction whenever possible.
- (3) Maintenance of records of significant customer complaints.
- (4) That surveys, patient contact referrals forms, and Patient's Rights and Responsibilities documents are available at the front desk.
- (5) That Branch Director is aware of program status.

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6 Forms. Enclosure (1) is the Command Semiannual customer Satisfaction Survey form. Due to cost considerations, the original survey forms are to be used for the command wide surveys only. They may be photocopied for additional branch surveys. Enclosure (2) is the Patient Contact Referral form. Both forms are available from the CCSM. Enclosure (3) is the Patient's Rights and Responsibilities form. All forms should be made available at the front desk.

  
R. C. MELENDEZ

Dist:  
List I, Case 1, 2

# NAVAL DENTAL CENTER SAN DIEGO OUTPATIENT SATISFACTION SURVEY

**DIRECTIONS**  
PENCIL NO. 2 PENCIL ONLY  
• Darken Blocks Completely  
• Make No Stray Marks  
• Incorrect Marks  
• Correct Marks

## PART I

**GENERAL INFORMATION (PERSONAL STATUS)**

- A. ACTIVE DUTY
  - B. RETIRED
  - C. FAMILY MEMBER OF ACTIVE DUTY
  - D. FAMILY MEMBER OF RETIRED/DECEASED
- PAYGRADE**
- A. OFFICER
  - B. ENLISTED

**TYPE OF APPOINTMENT**

- A. SCHEDULED
  - B. REFERRED
  - C. WALK-IN
  - D. EMERGENCY
- IF AN UNSCHEDULED APPOINTMENT, HOW SOON WERE YOU SEEN BY THE PROVIDER?**
- A. 15 MINUTES OR LESS
  - B. 16-30 MINUTES
  - C. 31-60 MINUTES
  - D. OVER 60 MINUTES
- IF YOU HAD A SCHEDULED APPOINTMENT, WERE YOU SEEN ON TIME?**
- A. YES
  - B. NO

**IF NO, HOW LONG DID YOU WAIT?**

- A. 15 MINUTES OR LESS
  - B. 16-30 MINUTES
  - C. 31-60 MINUTES
  - D. OVER 60 MINUTES
- WAS YOUR RECORD EASILY LOCATED? (SKIP IF NOT APPLICABLE)**
- A. NO
  - B. SOMEWHAT
  - C. YES

**WAS YOUR MAIN DENTAL PROBLEM TAKEN CARE OF TO YOUR SATISFACTION?**

- A. NO
- B. SOMEWHAT
- C. YES

**DID YOU FEEL CONFIDENT IN THE DENTAL PROVIDER'S SKILLS?**

- A. NO
- B. SOMEWHAT
- C. YES

**HOW LONG DID IT TAKE YOU TO GET THIS APPOINTMENT?**

- A. SAME DAY
- B. 2-7 DAYS
- C. 8-14 DAYS
- D. OVER 14 DAYS

**PART II** IF 'DON'T KNOW', OR 'NOT APPLICABLE'  
PLEASE LEAVE BLANK.

	LESS THAN SATISFACTORY	SATISFACTORY	HIGHLY SATISFACTORY	EXCELLENT
Courtesy at reception area of clinic where you were seen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How well did clinic staff listen to your concerns?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Satisfaction with amount of time this person spent with you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were your dental needs explained to your understanding?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was your plan of treatment explained to your understanding?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did your provider explain what to expect during treatment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did your provider respond to your needs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were the instructions on follow-up care clear/easy to follow?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How well was your provider friendly and courteous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How well were questions answered by the staff?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How well were medications and treatments explained?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall services provided during the visit were?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identification of clinical staff by name and occupation was:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall cleanliness of the clinic was:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**PART III**

	YES	NO
Did you get all the treatment you thought you needed?	<input type="radio"/>	<input type="radio"/>
Are you aware of the Patient Contact Program to assist with outpatients?	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>

**PART IV COMMENTS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



USE BACK OF FORM FOR ADDITIONAL COMMENTS

5. PCR ACTION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE/ DATE: \_\_\_\_\_

6. PROVIDER ACTION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE/ DATE: \_\_\_\_\_

7. DEPARTMENT HEAD ACTION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE/ DATE: \_\_\_\_\_

8. DIRECTORATE ACTION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE/ DATE: \_\_\_\_\_

9. COMMAND PATIENT CONTACT COORDINATOR ACTION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE/ DATE: \_\_\_\_\_

10. FURTHER ACTION: YES \_\_\_\_\_ NO \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Patients' Bill of Rights and Responsibilities

## RIGHTS

1. **Medical Care and Dental Care.** The right to quality care and treatment consistent with available resources and generally accepted standards. The patient has the right also to refuse treatment to the extent permitted by law and Government regulations, and to be informed of the consequences of his or her refusal. When concerned about the care received, the patient has a right to request review of the adequacy of care.
2. **Respectful Treatment.** The right to considerate and respectful care, with recognition of his or her personal dignity.
3. **Privacy and Confidentiality.** The right, within law and military regulations, to privacy and confidentiality concerning medical care.
4. **Identity.** The right to know, at all times, the identity, professional status, and professional credentials of health care personnel, as well as the name of the health care provider primarily responsible for his or her care.
5. **Explanation of Care.** The right to an explanation concerning his or her diagnosis, treatment, procedures, and prognosis of illness in terms the patient can be expected to understand. When it is not medically advisable to give such information to the patient, the information should be provided to appropriate family members or, in their absence, another appropriate person.
6. **Informed Consent.** The right to be advised in non-clinical terms of information needed to make knowledgeable decisions on consent or refusal for treatments. Such information should include significant complications, risks, benefits, and alternative treatments available.
7. **Research Projects.** The right to be advised if the facility proposes to engage in or perform research associated with his or her care or treatment. The patient has the right to refuse to participate in any research projects.
8. **Safe Environment.** The right to care and treatment in a safe environment.
9. **Medical Treatment Facility (MTF) or Dental Treatment Facility (DTF) Rules and Regulations.** The right to be informed of the facilities' rules and regulations that relate to patient or visitor conduct. The patient should be informed about smoking rules and should expect compliance with those rules from other individuals. Patients are entitled to information about the MTF or DTF mechanism for the initiation, review, and resolution of patient complaints.

## RESPONSIBILITIES

1. **Providing Information.** The responsibility to provide, to the best of his or her knowledge, accurate and complete information about complaints, past illness, hospitalizations, medications, and other matters relating to his or her health. A patient has the responsibility to let his or her primary health-care provider know whether he or she understands the treatment and what is expected of him or her.
2. **Respect and Consideration.** The responsibility for being considerate of the rights of other patients and MTF or DTF health care personnel and for assisting in the control of noise, smoking, and the number of visitors. The patient is responsible for being respectful of the property of other persons and of the facility.
3. **Compliance with Medical Care.** The responsibility for complying with the medical and nursing treatment plan, including followup care, recommended by health care providers. This includes keeping appointments on time and notifying the MTF or DTF when appointments cannot be kept.
4. **Medical Records.** The responsibility for ensuring that medical records are promptly returned to the medical facility for appropriate filing and maintenance when records are transported by the patients for the purpose of medical appointment or consultation, etc. All medical records documenting care provided by any MTF or DTF are the property of the U.S. Government.
5. **MTF and DTF Rules and Regulations.** The responsibility for following the MTF or DTF rules and regulations affecting patient care conduct. Regulations regarding smoking should be followed by all patients.
6. **Reporting of Patient Complaints.** The responsibility for helping the MTF or DTF commander provide the best possible care to all beneficiaries. Patients' recommendations, questions, or complaints should be reported to the patient contact representative.