

University of North Texas Health Science Center at Fort Worth



Education, Research, Patient Care and Service

PATIENT GREETING POLICY AND PROCEDURES

MSRDP Operating Procedure Number: MSRDP-2.007

Effective Date: December 1, 2000, Revised May 14, 2004

Prepared By MSRDP Business Administration and UNTHSC Quality Management
Purpose: To outline the procedures on how to Greet and Deal With Patients Utilizing

Within UNTHSC

Approval:

Chairman, MSRDP Board of Directors

1.0 Policy.

All patients will be greeted and treated in a professional manner.

2.0 Purpose.

- 2.1 To develop, implement, monitor and evaluate effective quality assurance activities according to the UNTHSC mission statement, philosophy and objectives.
- 2.2 To improve the quality of patient care and patient satisfaction throughout UNTHSC.
- 2.3 To ensure patient care is optimal within available resources and is consistent with achievable goals.
- 2.4 To ensure all patients are treated in a manner that recognizes their basic human rights.
- 2.5 To ensure all patients are treated with respect, consideration and dignity.

3.0 Procedures.

3.1 All members of the UNTHSC who deal with patients or the public will receive in service on Customer Satisfaction, Telephone Professionalism and Professional Development.

- 3.2 All patients and customers will be greeted courteously and in a professional manner.
- 3.3 If the greeter is unable to successfully deal with the customer, he/she will summon a co-worker or supervisor to deal with the problem.
- 3.4 At no time will rude, curt or offensive behavior toward a patient or customer be tolerated.
- 3.5 It is the responsibility of all personnel to adhere to and enforce this policy.
- 3.6 All patient complaints regarding unprofessional behavior are grounds for disciplinary action. Unprofessional behavior is defined as rude or curt comments, offensive language, argumentative behavior, hanging up on the telephone, or behavior that is counterproductive to providing quality care and services to the patient or customer.
- 3.7 Training will be conducted annually.

4.0 Follow-Up and Review.

Policy to be reviewed as needed or every three (3) years.

5.0 Responsibility.

Senior Associate Dean and Chief Medical Officer Vice President, Practice Operations and Chief Administrative Officer Senior Administrative Official in each Patient Care Department