

THE SEVEN STANDARDS OF STAR SERVICE

- 1 MAKE A POSITIVE FIRST IMPRESSION OUR FIRST PRIORITY**
Show we care
- 2 TREAT OTHERS AS GUESTS**
Show respect
- 3 DEVELOP "SERVICE RECOVERY" SKILLS**
Take responsibility
- 4 COMMUNICATE EFFECTIVELY**
Create mutual understanding
- 5 SERVE OTHERS FROM A TEAM-CENTERED APPROACH**
Support each other
- 6 PROJECT A POSITIVE ATTITUDE**
Make a difference
- 7 MAKE EXCELLENCE THE GOAL IN EVERYTHING WE DO**
Be your best

All Medical Center of Plano employees follow these standards of care.

A Patient Representative is here to serve you.

Your Patient Representative is focused on your concerns. If problems arise during your stay, **dial 1161 or 1163** for assistance.

**Patient Representatives...listen to your questions,
...act as your voice,
...help resolve issues, and
...assist in meeting your needs.**

We believe that each patient is entitled to:

- Impartial access to care
- Respect and dignity
- Privacy and confidentiality
- Personal safety
- The identity of all individuals providing services
- Information regarding care
- Informed consent
- Explanation of bill

Patient Representative Office Hours

8:30 am–5 pm, Monday–Friday

After hours and on weekends, please dial 0 and the Hospital Operator will assist you by contacting the nursing supervisor.

Tell us how we're doing. Your opinion matters.

Date: _____ Unit/Area: _____

Name (optional): _____

How do we rate?	Excellent	Good	Fair	Poor
Courtesy of staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compassionate care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promptness of service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you like us to recognize a staff member who provided you with **Star Service** during your visit? Please list their name(s).

Please let us know how we can improve our services. _____

Please return this card to the Hospital Information Desk at the 15th Street south entrance or mail to:

Medical Center of Plano • Guest Relations Department
3901 West 15th Street • Plano, Texas 75075

 **Medical Center of Plano**
Centered on your health.

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