



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH VA 22042

IN REPLY REFER TO
BUMEDINST 6300.10C
BUMED-M31
14 Mar 2018

BUMED INSTRUCTION 6300.10C

From: Chief, Bureau of Medicine and Surgery

Subj: MEDICAL AND DENTAL TREATMENT FACILITY CUSTOMER RELATIONS PROGRAM

Ref: (a) DoD Instruction 6000.14 of 26 September 2011
(b) DoD Instruction 1100.13 of 31 March 2017
(c) Joint Commission Standards, Current Edition
(d) 32 CFR Part 199
(e) 10 U.S.C.
(f) BUMEDINST 6440.8A
(g) BUMEDINST 6300.15A
(h) BUMEDINST 6010.28
(i) OPNAVINST 1720.3F

Encl: (1) Customer Problem Resolution System Flowchart
(2) Sample Customer Relations Reference Card
(3) Commanding Excellence in Customer Service
(4) Department of Defense Patient's Bill of Rights and Responsibilities

1. Purpose. To provide policy regarding Navy Medicine's Medical Treatment Facility (MTF) and Dental Treatment Facility (DTF) Customer Relations Program (CRP) encompassing internal and external customer relations, satisfaction, issue resolution, and command performance measures, to all levels throughout Navy Medicine; and to provide guidance and ensure implementation of and compliance with the program using references (a) through (i).

2. Cancellation. BUMEDINST 6300.10B.

3. Scope and Accountability. This instruction applies to all Navy Medicine echelon 3 activities, MTFs, and DTFs.

4. Background. Navy Medicine has long recognized the importance of excellent customer service and a strong customer relations program in caring for our patients. Our ultimate goal is to foster a health care system that focuses on the needs of the patient and their personal support system, and to be responsive to their needs and those of all our internal and external customers. Personalized customer attention, clinical excellence, and facilities easy to navigate promote positive customer experiences and generate loyalty. Being responsive to customer concerns enhances the overall health care delivery system's effectiveness and the timeliness of issue resolution. During episodes of care, even with sincere efforts, issues arise for which customers require additional assistance or intervention. These issues may be a reflection of simple

miscommunication and may be straightforward or complex. Our diverse and often mobile beneficiary population requires a simplified resolution process to rapidly and consistently address their concerns.

5. Policy. Consistent organization of customer relations positions and processes among all facilities and implementation of a simplified problem resolution process enhances customer awareness and satisfaction with our health care system. It is Navy Medicine policy that customer satisfaction objectives and metrics be established by Chief, Bureau of Medicine and Surgery (BUMED) and included, as appropriate, in MTF or DTF performance goals. Customers include, but are not limited to, patients and anyone involved in their health care experience such as MTF or DTF staff or patients' family and friends. Other performance measures may be added at the discretion of the MTF or DTF commanding officer (CO) as determined by performance improvement objectives of the facility. In addition, it is Navy Medicine policy that:

a. Customer feedback from patient satisfaction surveys, comment cards, and direct patient contact be incorporated into process improvement (PI) efforts of all MTFs and DTFs. Continuous enhancement of clinical, administrative, and facility services within our facilities is key to the success of our customers' satisfaction program.

b. A simplified Customer Problem Resolution System Flowchart, enclosure (1), is used to facilitate customer interactions. Local commands can tailor the flowchart to meet the needs of their unique and changing beneficiary population. Our ability to integrate all aspects of the Navy health care delivery system must be the most significant measure of our customer relations success and should appear seamless to our beneficiaries.

c. Commands provide a customer relations reference card, enclosure (2), to assist beneficiaries by identifying the appropriate command CRP personnel to resolve issues and concerns. The enclosed customer relations reference card can be modified to meet the needs of the MTF or DTF.

d. All Navy Medicine personnel adhere to the Guiding Principles for Excellence in Customer Service, enclosure (3). Patients and visitors to Navy MTFs or DTFs will be treated with courtesy, respect, and compassion. MTFs or DTFs may display the Guiding Principles for Excellence in Customer Service and may use any or all of the posters in enclosure (3).

e. All patients have rights and responsibilities per the Department of Defense (DoD) Patient Rights and Responsibilities, enclosure (4).

6. Action. All MTFs and DTFs will establish a CRP using enclosures (1) through (4), ensuring compliance with the minimum program framework described therein. Ongoing CRP training must directly reflect each local facility's performance measurements. Facilities showing areas for improvement must target ongoing training to those specific areas.

- a. All MTFs and DTFs must provide the same minimum framework within their CRP, enclosure (3), and must enhance the satisfaction of their unique beneficiary populations. This approach not only encourages integration of various activities that support the local facility's strategic plan, but also supports system-wide alignment throughout Navy Medicine.
- b. All MTFs and DTFs must promote and ensure health care quality, and protect patients by adherence to the DoD Patient Bill of Rights and Responsibilities, enclosure (4), and references (a) and (c).
- c. All staff must be provided the appropriate preparation and ongoing training to achieve and maintain a positive, customer-focused environment. Customer service training is located online at Navy Education and Training Center (NETC) Learning Management System (Navy eLearning). Customer service training courses include: basic principles; co-workers as customers; proactive behavior at work; responding to the difficult patient; telephone etiquette; customer service and interpersonal communication; and a customer service lab. Additionally, all COs are encouraged to reflect customer relations performance when evaluating military and civilian staff job performance. COs are expected to support the CRP efforts and set an example for excellence in customer service.

7. Responsibilities

a. BUMED Deputy Chief, Readiness and Health must:

- (1) Implement program objectives, goals, and policies for MTFs and DTFs to implement consistent customer relations processes throughout the Navy health care system.
- (2) Conduct an enterprise-wide patient satisfaction survey, and report data to identify patients' concerns, facilitate health care delivery improvement processes, and analyze internal and external peer performance. Military Health System (MHS) survey instruments such as the Joint Outpatient Experience Survey (JOES), Joint Outpatient Experience Survey-Consumer (JOES-C) Assessment of Healthcare Providers and Systems, the TRICARE Inpatient Satisfaction Survey (TRISS), or the DoD Dental Patient Satisfaction Survey must be used to conduct the enterprise-wide surveys.
- (3) Support CRP through development of training materials and dissemination of training via the NETC Web site, tasker notification system, or other education delivery platform designated by the Deputy Chief, Readiness and Health.
- (4) Implement CRP goals, and monitor progress toward goals, upon direction of the Deputy Chief, BUMED.
- (5) Ensure PI, quality assurance, quality management, customer relations, legislative, and other appropriate offices actively share pertinent customer relations and service, and monitor satisfaction trends and situational information to enhance clinical, administrative, and managerial performance.

(6) Develop and disseminate Service specific marketing materials to promote enterprise patient satisfaction surveys. Disseminate survey-marketing materials developed by Defense Health Agency (DHA) Communications team.

b. Commanders, Navy Medicine Regions must:

(1) Utilize patient satisfaction data and comments such as JOES, JOES-C, TRISS, DoD Dental Patient Satisfaction Survey, or other patient feedback (such comments presented directly to CRP office) to identify areas in need of improvement within their areas of responsibility. Report performance that does not meet goals, benchmarks, or targets, and identify corrective actions and follow-up upon the direction of the Deputy Chief, BUMED.

(2) Develop and implement regional strategies to ensure MTFs and DTFs meet performance goals resulting from patient satisfaction survey findings or other goals as set by BUMED.

(3) Monitor and provide assistance to the MTFs and DTFs to assist in meeting CRP goals. Each command's additional efforts to personalize the CRP for their unique beneficiary population will assist them in meeting or exceeding their goals for the CRP.

(4) Promote and ensure coordination with health care resolution practices as per reference (h).

c. COs and Officers in Charge (OIC) must:

(1) Assess their command's CRP and determine the training, positions, and processes needed to meet the minimum requirements outlined in this instruction. Employ and assign customer relations officers (CRO), ensure appointment letters, signed by COs or OICs, are prepared for individuals who are assigned.

(2) Actively engage and promote participation of all levels of staff in initial and ongoing customer relations training. Training must include NETC customer service modules or other materials designated by BUMED as essential and may also include training materials and educational modalities developed by the MTF or DTF. At a minimum, customer service training must include: basic principles; co-workers as customers; proactive behavior at work; responding to the difficult patient; telephone etiquette; customer service and interpersonal communication; and a customer service lab (practicum). Active support of the CRP is expected.

(3) Actively engage and promote participation of all levels of staff in monitoring and utilizing survey data to improve and enhance health care processes to meet patients' needs and expectations. Report results and share successes through the regions via meetings and briefings such as Deputy Chief, BUMED monthly "Vitals" briefing, Medical Home Port conference calls, or Chief of Staff conference calls.

(4) Develop market strategies directed at informing and educating customers about the unique characteristics of the CRP at the local MTF or DTF.

(5) Utilize BUMED and DHA survey marketing materials where appropriate. Develop command market strategies that address command specific issues and actively support enterprise-wide market strategies to maximize patient participation in enterprise level surveys such as JOES, JOES-C, TRISS, or DoD Dental Patient Satisfaction Survey.

(6) Establish processes and elements per reference (d) and enclosures (1) through (4) to support beneficiaries and successfully meet or exceed goals. The command-specific customer relations functions may change from time-to-time to respond to changing customer relations and service requirements.

(7) Consider and document the impact on customer relations when requesting resources, personnel, and facility changes.

(8) Ensure that any surveys conducted on behalf of the MTF, such as point-of-service surveys, follow reference (b), and be cognizant of the impact of the survey burden on the beneficiary.

(9) Ensure customer relations reference cards are available to all beneficiaries and updated as needed to keep them current.

(10) Focus recruitment, retention, advancement, and recognition efforts on Navy health care personnel demonstrating a solid commitment to excellence in customer service. Advocate for patients and staff by creating a positive and safe work environment.

(11) Promote health care resolution practices per reference (h), when appropriate.

d. MTF and DTF CRO must:

(1) Ensure customer relations representatives are appointed and appointment letters are signed by the CO or OIC.

(2) Be the principal point of contact ensuring the day-to-day execution of the Navy Medicine CRP. The CRO or the CRO substitute, such as duty personnel, will be available at all times during the facility's hours of operation and will have completed all relevant Navy Medicine customer relations training.

(3) Serve as the facility's senior leadership representative for all matters affecting customer relations and satisfaction.

(4) Serve as liaison to CRP-designated positions regarding customer relations at the facility. This function requires the CRO to receive quarterly summary reports of customer relations issues from CRP personnel specifically designated in this instruction and to recommend actions and response.

(5) Ensure completion of customer relations and customer service training for all individuals assigned to the MTF or DTF. Training must include NETC Customer Service modules or other materials designated by BUMED as essential and may also include training materials and educational modalities developed by the MTF or DTF. Training should include, but is not limited to: basic principles of customer service, co-workers as customers, proactive behavior (active listening), responding to the difficult patient, and telephone etiquette. Customer Service Guiding Principles in enclosure (3) must serve as the cornerstone for customer service training. Training must be conducted when in processing to the MTF or DTF with periodic refresher training strongly encouraged.

(6) Ensure the CRP is marketed to all customers and all affiliated activities.

(7) Centrally track and review all legislative, executive, and beneficiary CRP correspondence regardless of final disposition of response.

(8) Identify and report customer dissatisfaction issues and trends via their chain of command and recommend or implement changes within the appropriate scope of responsibility, process changes, and improvements.

(9) Communicate progress of the facility toward meeting or exceeding goals for facility specific measures, as appropriate.

(10) Support MTF and DTF staff by providing an opportunity for staff to share their experience with patient encounters. Refer staff, as appropriate, for additional support through human resources, health care resolutions, or occupational health.

(11) Promote health care resolution practices per reference (h).

(12) Serve as customer relations resource for patients referred to the MTF or DTF from their command's Office of Fleet Medicine Liaison.

(13) Customer relations staff must refer to patient administration directorate, beneficiary counseling and assistance coordinators, or debt collection assistance officer, beneficiaries with questions regarding their eligibility for treatment, rates that will be applied, and the processing of subsequent bills as per reference (e), section 1095e. Under the Patient Bill of Rights and Responsibilities, enclosure (4), patients have the right to understand the charges for their care and their obligation to pay for care.

e. Customer Relations Representative (CRR) must:

(1) Be appointed by the CO or OIC with the recommendation of and in coordination with the CRO. Appointment letters must be signed by the CO or OIC.

(2) Serve as the unit point of contact to coordinate with unit leadership on the day-to-day execution of the Navy Medicine CRP. The CRR or substitute will be available at all times during the unit's hours of operation and will complete all relevant Navy Medicine customer relations training.

(3) Serve as the unit's representative for matters affecting customer relations and satisfaction.

(4) Liaison with CRO regarding the unit's customer relations program and forward quarterly summary reports of the unit's customer relations issues to the CRO.

(5) Ensure the CRP is marketed to all customers and all affiliated activities.

8. Records Management. Records created as a result of this instruction, regardless of media and format, must be managed per SECNAV M-5210.1 of January 2012.

9. Review and Effective Date. Per OPNAVINST 5215.17A, review this instruction annually on the anniversary of its effective date to ensure applicability, currency, and consistency with Federal, DoD, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction.

10. Information Management Control

a. MHS approved surveys are available at:

(1) JOES Patient Satisfaction Survey: <https://joesreports.com/>

(2) JOES-C Patient Satisfaction Survey: <https://joesreports.com/>

(3) TRISS Inpatient Survey: <https://www.trissreports.com/>

(4) DoD Dental Patient Satisfaction Survey: <https://www.usuhs.edu/tscogs/>

b. Additional information on the MHS approved patient satisfaction experience surveys can be obtained from the Defense Health Agency, Decision Support Branch at: <https://health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Health-Care-Program-Evaluation/MHS-Patient-Satisfaction-Surveys>.

c. JOES Patient Satisfaction Survey and JOES-C Patient Satisfaction Survey is assigned RCS DD-HA(D)2598.

d. TRICARE Inpatient Satisfaction Survey (TRISS) is assigned RCS DD-HA(A)2076.

BUMEDINST 6300.10C
14 Mar 2018

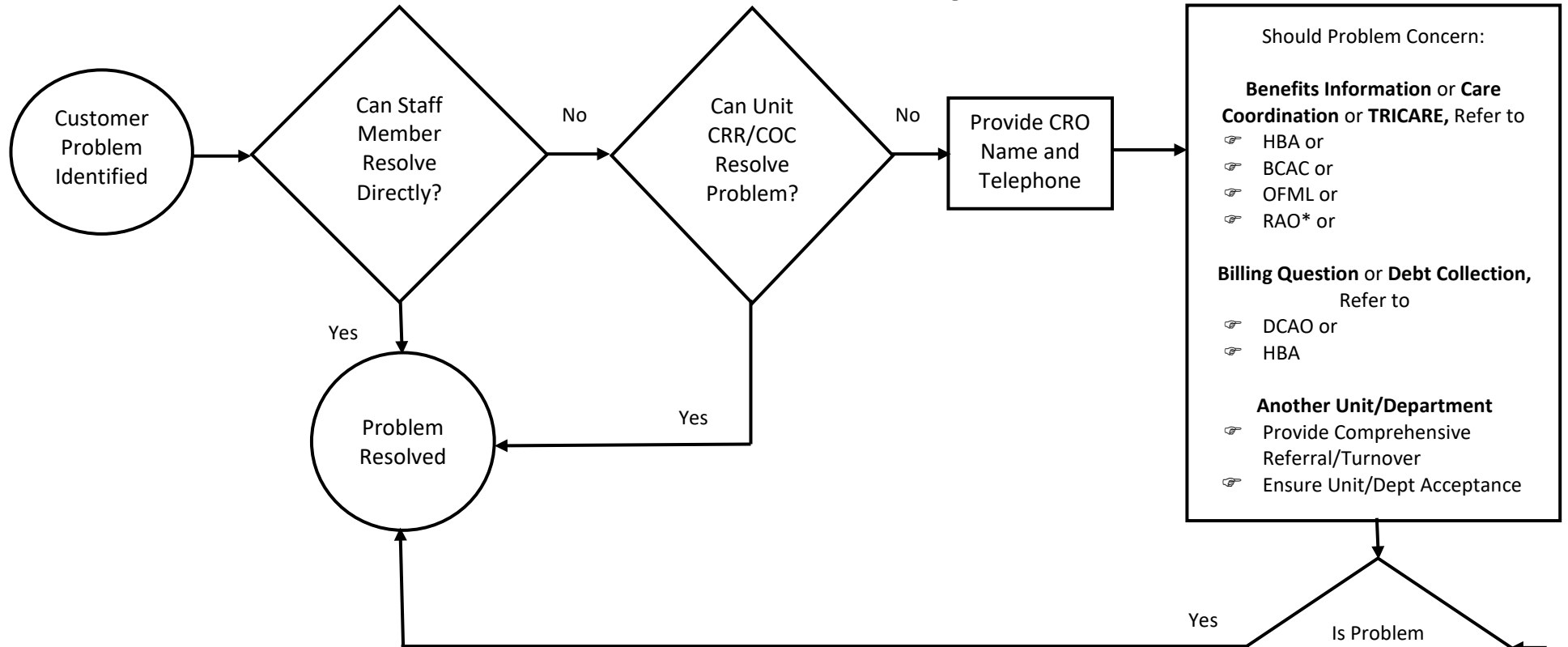
- e. DoD Dental Patient Satisfaction Survey is assigned RCS DD-HA(AR)2040.


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Releasability and distribution:

This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site at: <http://www.med.navy.mil/directives/Pages/BUMEDInstructions.aspx>.

Customer Problem Resolution System Flowchart



Staff Member:

- Owns the customer regardless of the problem
- Stays “in the loop” until the issue is resolved or referral is made
- When referring complaint to another unit or department, ensures acceptance of complaint from gaining staff member
- When referring to another unit or department, escort customer to gaining area
- Advise customer of all avenues for filing complaint (verbal and written)
- At any point in process, the CRO or representative can be called upon for assistance

Acronym Legend:

- BCAC: Beneficiary Counseling and Assistance Coordinator
- COC: Chain of Command
- CRR: Customer Relations Representative
- CRO: Customer Relations Officer
- DCAO: Debt Collection Assistance Officer
- HBA: Health Benefits Advisor
- OFML: Operational Fleet Medical Liaison
- RAO: Retiree Activities Office

* May not apply to all facilities

SAMPLE CUSTOMER RELATIONS REFERENCE CARD

Name of Treatment Facility and Street Address
 City, State, and Zip Code

Quarter Deck	1-xxx-xxx-xxxx
Command Information	1-xxx-xxx-xxxx
Appointment Scheduling	1-xxx-xxx-xxxx
Pharmacy Refills	1-xxx-xxx-xxxx
Customer Relations Officer (CRO) Name: _____	1-xxx-xxx-xxxx

Health Benefits Advisor Name: _____	1-xxx-xxx-xxxx
Beneficiary Counseling and Assistance Officer (BCAC) Name: _____	1-xxx-xxx-xxxx
Debt Collection Assistance Officer (DCAO) Name: _____	1-xxx-xxx-xxxx
Operational Fleet Medical Liaison Name: _____	1-xxx-xxx-xxxx
Retiree Activities Officer (RAO) Name: _____	1-xxx-xxx-xxxx

Primary Care Manager: _____ **Number:** _____

Address: _____

Specialty Clinic: _____ **Number:** _____

Specialty Clinic: _____ **Number:** _____

Specialty Clinic: _____ **Number:** _____



Commanding Excellence in Customer Service

Customer Service Guiding Principles



- G**reet everyone with courtesy, respect, and a smile!
- O**ffer assistance at every opportunity
- N**urture positive interactions with *all* customers
- A**ddress the customer's concerns right away
- V**alue the customer's opinions and listen carefully
- Y**ou create a great customer experience

World-Class Care...Anytime, Anywhere



Commanding Excellence in Customer Service

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World-Class Care...Anytime, Anywhere



Commanding Excellence in Customer Service

Customer Service Guiding Principles

Greet everyone with courtesy, respect, and a smile!

Offer assistance at every opportunity

Nurture positive interactions with all customers

Address the customer's concerns right away

Value the customer's opinions and listen carefully

You create a great customer experience



World-Class Care...Anytime, Anywhere

DEPARTMENT OF DEFENSE PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

The health care professionals of Navy Medicine strive to provide “World-Class Care...Anytime, Anywhere” by exceeding your needs and expectations. You can help us provide this exemplary service by understanding your rights and responsibilities.

1. Patient Rights

a. Medical Care. Patients have the right to quality care and treatment that is consistent with available resources and generally accepted standards, including access to specialty care and to pain assessment and management.

b. Respectful Treatment. Patients have the right to considerate and respectful care, with recognition of personal dignity, psychosocial, spiritual, and cultural values and belief systems.

c. Privacy and Security. Patients have rights, defined by Federal law, DOD 5400.11-R (reference (g)), Public Law 104-191(reference (h)), and section 552a of Title 5 U.S. Code (also known as “The Privacy Act of 1974, as amended”) (reference (i)), to reasonable safeguards for the confidentiality, integrity, and availability of their protected health information, and similar rights for other personally identifiable information, in electronic, written, and spoken form. These rights include the right to be informed when breaches of privacy occur, to the extent required by Federal law. (See DoD Instruction 6000.14 (reference (a)) for references mentioned here).

d. Provider Information. Patients have the right to receive information about the individual(s) responsible for, as well as those providing, his or her care, treatment, and services. The hospital may inform the patient of the names, and as requested, the professional credentials of the individual(s) with primary responsibility for, as well as those providing, his or her care, treatment, and services.

e. Explanation of Care. Patients have the right to an explanation concerning their diagnosis, treatment, procedures, and prognosis of illness in terms that are easily understood. The specific needs of vulnerable populations in the development of the patient’s treatment plan must be considered when applicable. Such vulnerable populations must include anyone whose capacity for autonomous decision making may be affected. When it is not medically advisable to give such information to the patient due to vulnerabilities or other circumstances, the information should be provided to a designated representative.

f. Informed Consent. Patients have the right to any and all necessary information in non-clinical terms to make knowledgeable decisions on consent or refusal for treatments, or participation in clinical trials or other research investigations as applicable. Such information is to include any and all complications, risks, benefits, ethical issues, and alternative treatments as may be available.

g. Filing Grievances. Patients have the right to make recommendations, ask questions, or file complaints to the MTF or DTF Patient Relations Representative or to the Patient Relations Office. If concerns are not adequately resolved, patients have the right to contact The Joint Commission at 1 (800) 994-6610.

h. Research Projects. Patients have the right to know if the MTF or DTF proposes to engage in or perform research associated with their care or treatment. The patient has the right to refuse to participate in any research projects.

i. Safe Environment. Patients have the right to care and treatment in a safe environment.

j. MTF and DTF Rules and Regulations. Patients have the right to be informed of the facility's rules and regulations that relate to patient or visitor conduct.

k. Transfer and Continuity of Care. When medically permissible, a patient may be transferred to another MTF or DTF only after he or she has received complete information and an explanation concerning the needs for and alternatives to such a transfer.

l. Charges for Care. Patients have the right to understand the charges for their care and their obligation for payment.

m. Advance Directive. Patients have the right to make sure their wishes regarding their health care are known even if they are no longer able to communicate or make decisions for themselves.

2. Patient Responsibilities

a. Providing Information. Patients are responsible for providing accurate and complete information about complaints, past illnesses, hospitalizations, medications, and other matters relating to their health to the best of their knowledge. Patients are responsible for letting their health care provider know whether they understand the diagnosis, treatment plan, and expectations.

b. Respect and Consideration. Patients are responsible for being considerate of the rights of other patients and MTF and DTF health care personnel. Patients are responsible for being respectful of the property of other persons and of the MTF and DTF.

c. Adherence with Medical Care. Patients are responsible for adhering to the medical and nursing treatment plan, including follow-up care, recommended by health care providers. This includes keeping appointments on time and notifying MTF and DTF when appointments cannot be kept.

d. Medical Records. Patients are responsible for returning medical records promptly to the MTF and DTF for appropriate filing and maintenance if records are transported by the patients for the purpose of medical appointments, consultations, or changes of duty location. All medical records documenting care provided by any MTF or DTF are the property of the U.S. Government.

e. MTF and DTF Rules and Regulations. Patients are responsible for following MTF and DTF rules and regulations affecting patient care and conduct.

f. Refusal of Treatment. Patients are responsible for their actions if they refuse treatment or do not follow the practitioner's instructions.

g. Health Care Charges. Patients are responsible for meeting financial obligations incurred for their health care as promptly as possible.