Inpatient feedback form

Pushpanjali is committed to serving each individual with superior quality and personal care. We want to ensure that your experience here is as pleasant and professional as possible and that you walk away not only healthy, but happy.

If you feel your hospital visit was a particularly positive experience, we would be delighted to hear from you. However, if you are unhappy with our facilities or services we would like to know about it as soon as possible. We are fully committed to not only hearing your questions, concerns and complaints, but also to establishing an action plan to reach full resolution.

Please take a few minutes to fill in this questionnaire. Your comments will help us be simply better.

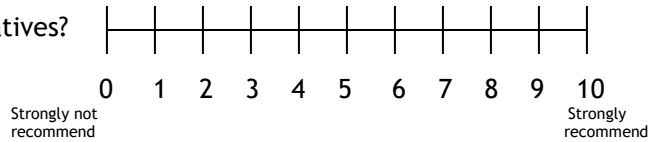
SECTION 1

		Excellent	Good	Average	Poor
1.	**Reception**				
•	Clear explanation of admission				
•	Courtesy & telephone etiquettes				
•	Prompt in dealing with queries				
2.	**Doctor Experience**				
•	Responsiveness to your questions				
•	Periodic briefings on patient' health status				
•	Your involvement in decision making during treatment				
3.	**Nursing**				
•	Prompt and courteous response to your call				
•	Timely and efficient implementation of doctor's orders				
•	Skill, job knowledge, competence & behaviour				
4.	**Food and Beverage**				
•	Regular dietician's rounds				
•	Timely service and prompt service				
•	Hygiene, quality , temperature and taste				
5.	**Pharmacy Services**				
•	Timely delivery of medicines				
•	Availability/prompt arrangement of all prescribed items				
•	Timely pharmacy clearance at the time of discharge				
6.	**Room Experience**				
•	Cleanliness of the room and toilet				
•	Promptness of the Housekeeping				
•	Courtesy of housekeeping staff				

		Excellent	Good	Average	Poor
7.	**Security Services**				
•	Providing correct directions				
•	Courtesy & Helpful				
•	Alertness & Active				
8.	**Physiotherapy**				
•	Explanation of your treatment				
•	Your involvement in decision making				
•	Skill, knowledge and competence of physiotherapist				
9.	**Discharge Process**				
•	Time taken for discharge (For Non TPA <2 hrs)				
•	Discharge instruction well explained				
•	Complete and accuracy of documents				

SECTION 2

Would you recommend Pushpanjali to your friends/relatives? Please encircle



Would you recommend any employee for commendable service? If yes, please mention

Name & Department ……..

Please record any compliments or suggestions you may have

……..

……..

……..

SECTION 3

Thank you for giving your valuable feedback. Please provide your contact details. We promise to keep your identity strictly confidential.

Patient Name ……

Telephone/Mobile…… Room No……. Date of Discharge……..

E-Mail ……