PATIENT FEEDBACK

Group:4

- 1. Dr. Rupa kumar
- 2. Dr. Manoj
- 3. Mr. Vijay kumar
- 4. Mr. Vinoth Kannan
- 5. Mr. Karuppasamy
- 6. Mr. S. Karthikeyan

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MEANING OF FEEDBACK

Patient feed back consists of the views and opinions of patient and

service users on the care they have experiences.

REASONS TO GET FEEDBACK

- 1. To Understand what reviews really mean.
- 2. To Manage your reputation.
- 3. To Improve Care.
- 4. To Boost patient engagement.
- 5. To Reduce Patient leakage.

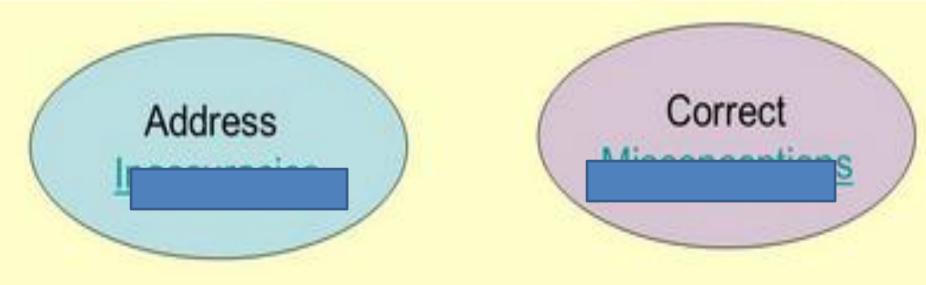
BENEFITS OF PATIENT FEEDBACK

- 1. Monitor the quality of services being delivered patients.
- 2. Understand more about a practices patient base and how they utilize available services.
 - 3. Determine patients preference for services.
 - 4. Assess patients reactions to change made within the practice.
 - 5. Raise awareness of new services provided at the practice.
 - 6. .Improve patients engagement and response.
 - 7. Recover potential service failures.
 - 8. Retain loyal patients.
 - 9. Improve support staff and physician satisfaction.

PROCESS OF FEEDBACK



PURPOSE OF FEEDBACK



Facilitate Improvement

Hospital Feedback Rating			
Use the key notes provided above to answe is highly recommended			
The Nurses and Doctors are patient when dealing with patients			
Professionalism in the hospital is of high standards			
Drugs offered do not have side effects			
The patients are attended to promptly			
There is a high level of understanding between the staff and the patients	1		
I have not heard any major complaints about the hospital			
The hospital has dealt with conflicts	that arose bet	ween staff and the patients	
Time management is a priority t	o the hospital	staff and management	
We wish you	a quick reco	very	

PATIENT FEEDBACK FORMS

Date:	
Type of feedback: Compliment Complaint	
Name:	
Address:	
Home Phone:	
Work Phone:	
Mobile Phone:	
Email Address:	
Relationship to Patient:	
Self Spouse Parent Dependent Child	Legal Guardian
Nature of your comment:	
Please check the boxes below which best describe the nature of your comment; provide details on the	he next page.
Complaint:	
Date incident occurred:	
Substandard Care (e.g. misdiagnosis; negligent treatment; delay in treatment; etc)	
Unprofessional Conduct (e.g. breach of privacy; record alteration; provider impairment; etc)	
Office Practice (e.g. inattentive; rude or abusive behavior; failure to adequately address patie	ents needs; etc)
Substandard Facilities or Equipment (e.g. cleanliness concerns; cluttered; equipment inopera	itive; etc)
Scheduling or Appointment Issues (e.g. difficulty scheduling; not timely; etc)	
Prescribing Issues (e.g. medication errors; over/under prescribing; failure to respond; etc) Other:	
Narrative Comments (please be as clear and concise as possible; use extra pages if necessary):	
	Please Turn Over
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Thank You