

# Department of Health & Family Welfare Government of Meghalaya

## IPD PATIENT FEEDBACK

Dear patient

Kindly tick ( ✓ ) one of these five opinions you feel based on the services provided by our hospital as indicated below:

Sl No	Services provided by our hospital	Poor 1	Fair 2	Good 3	Very Good 4	Excellent 5
1	Availability of Sufficient Information at Registration/Admission counter					
2	Waiting time at the Registration / Admission Counter					
3	Behavior and attitude of Hospital staff at the registration / admission					
4	Your feedback on discharge process					
5	Cleanliness of the ward					
6	Cleanliness of Bathrooms & toilets					
7	Cleanliness of Bed sheets, Pillow-covers, etc					
8	Cleanliness of surroundings and campus drains					
9	Regularity of Doctors attention					
10	Attitude & communication of Doctors					
11	Time spent for examination of patient and counseling					
12	Promptness in response by Nurses in the ward					
13	Round the clock availability of Nurses in the ward					
14	Attitude and communication of Nurses					
15	Availability, attitude & Promptness of Ward boys/girls					
16	Attitude & communication of other staffs in the Hospital					
17	Your Perception of Doctor's knowledge					
18	Availability of the diet in the hospital					
19	Timeliness of supply of the diet and its quality					
20	Your overall satisfaction during the treatment as an in-patient					

	<p>Have you received any Cashless treatment at the Hospital.</p> <p>a. Yes</p> <p>b. No (If No please specify reasons)</p> <p>i. Do not have MHIS card</p> <p>II. No AADHAAR card</p> <p>III. Medicines and investigations paid by patient/patient party</p> <p>IV. Others</p>	
22	<p>How long do you have to wait in the hospital after the Doctor has declared you discharged?</p> <p>a. Within 1 hr</p> <p>b Between 1 hr - 2 hr</p> <p>c. Between 2 hr - 3 hr</p> <p>d. More than 3 hrs.</p>	
23	<p>Will you use the MHIS card in your next hospitalization</p> <p>a. Yes</p> <p>b. No</p>	

Do you have any suggestions to give on how we can improve our services.

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\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_ Ward No: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Phone Number \_\_\_\_\_

(135)

# Department of Health & Family Welfare Government of Meghalaya OPD PATIENT FEEDBACK

Dear patient

Kindly tick (✓) one of these five opinions you feel based on the services provided by our hospital as indicated below:

Sl No	Services provided by our hospital	Poor 1	Fair 2	Good 3	Very Good 4	Excellent 5
1	Availability of sufficient information in Hospital (Directional & location signage's, Registration counter, Laboratory, Radiology Department, Dispensary, etc.)					
2	Waiting time at the registration counter					
3	Behavior and attitude of Hospital Staff					
4	Amenities in waiting area (chairs, fans, drinking water and cleanliness of bathrooms & toilets)					
5	Attitude & communication of Doctors					
6	Time spent on consulting, examination and counseling					
7	Availability of Lab and Radiology investigation facilities within the hospital					
8	Promptness at medicine distribution counter					
9	Availability of prescribed drugs at the hospital dispensary					
10	Your overall satisfaction during the visit to the hospital					
11	Did you receive any benefits from MHIS for your OPD treatment?  a. If Yes, select the treatment- (USG/Antenatal checkups/ Post-natal checkups//Diabetes checkup/cardiac checkups) b. If No, Reason _____ i. Hospital not willing to provide OPD benefits under MHIS. ii. Package not available. Iii. Others _____					

Do you have any suggestions to give on how we can improve our services.

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\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_.

OPD No:

Patient's Name: \_\_\_\_\_

Phone Number \_\_\_\_\_