

COMPLAINTS AND FEEDBACK
Corrective Action Preventive Action (CAPA)

Complaint Rectification and Patient Feedback Training

◆ Date of Meeting :- 04/10/2021

S.No.	Designation	Names of the members
1	Consultant	Dr. Rajeev Narula
2	Receptionist	Pooja Sahni
3	Therapist	Mercy Kumar
4	Therapist	Arun Kumar
5	Therapist	Chinnamma Bijo

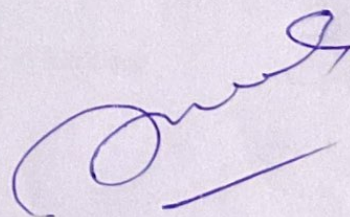
TOPIC :

- Complaint Rectification Not Proper
- Patient Feedback Not Proper

Decision: In our medical record inspection, we found that the patients complaints are not being systematically attended properly and the patients feedback was also not decided on the compliance rectification and patients training should be arranged for feedback

Mercy K
Chinnamma

Arun Kumar
Pooja Sahni

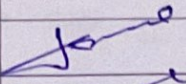
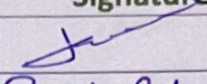
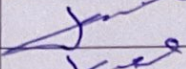
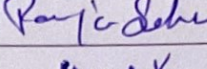
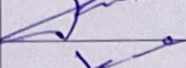
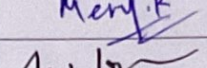
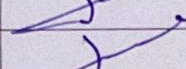
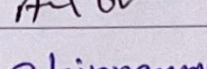
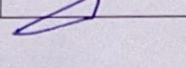
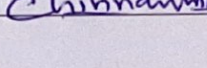


COMPLAINTS AND FEEDBACK

Name: of Trainer:- DR. RAJEEV NARULA

Date of Training : 06/10/21

Complaint Rectification and Patient Feedback Training

S No.	Name	Trainer Sign	Attended by Signature
1	Dr. Rajeev Narula		
2	Pooja Sahni		
3	Mercy Kumari		
4	Arun Kumar		
5	Chinnamma Bijo		

FEEDBACK FORM

Attended by : Dr. Rajeev Narula

1) Rate The Level of Training information useful to you.

A. Good

☒

B. Average

☐

C. Below Average

☐

2) Rate the Level of Training Method of Explanation.

A. Appropriate

☒

B. Average

☐

C. Below Average

☐

3) Rate the Importance of Training.

A. Good


☒

B. Medium

☐

C. Not Good

☐


Dr. Narula's Family Health Care Centre
A Panch Karma Clinic
N-26/A-3, Dilshad Garden, Delhi-110095

Attended by : Pooja Sahni

1) Rate The Level of Training information useful to you.

A. Good

☒

B. Average

☐

C. Below Average

☐

2) Rate the Level of Training Method of Explanation.

B. Appropriate

☐

B. Average

☒

C. Below Average

☐

3) Rate the Importance of Training.

A. Good

☒

B. Medium

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C. Not Good

☐

Trainer Sign :

Attended by Sign:

Pooja Sahni

Attended by : Mercy Kumari

1) Rate The Level of Training information useful to you.

A. Good

☒

B. Average

☐

C. Below Average

☐

2) Rate the Level of Training Method of Explanation.

C. Appropriate

☒

B. Average

☐

C. Below Average

☐

3) Rate the Importance of Training.

A. Good

☒

B. Medium

☐

C. Not Good

☐

Trainer Sign :

Attended by Sign:

Mercy K

[Signature]
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Attended by : Arun Kumar

1) Rate The Level of Training information useful to you.

A. Good

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B. Average

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C. Below Average

☐

2) Rate the Level of Training Method of Explanation.

D. Appropriate

☒

B. Average

☐

C. Below Average

☐

3) Rate the Importance of Training.

A. Good

☐

B. Medium

☒

C. Not Good

☐

Trainer Sign :

Attended by Sign: Arun

Attended by : Chinnamma Bijo

1) Rate The Level of Training information useful to you.

A. Good

☒

B. Average

☐

C. Below Average

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2) Rate the Level of Training Method of Explanation.

E. Appropriate

☒

B. Average

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3) Rate the Importance of Training.

A. Good

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C. Not Good

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Trainer Sign :

Attended by Sign: Chinnamma


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22/10/2021

Date.....

COMPLAINT

Patient's Name: Sh. Uday Ram

Sex: Male

UHID: NFH2162

OPD: 5477

Complaint Date: 18/10/2021

Complaint: Pain is not healing

Rectification Date: 20/10/2021

Take Action: After examining the patient we changed his medicines and solved his problems.

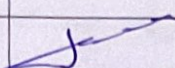
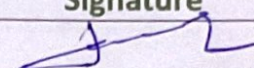
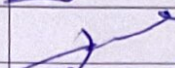
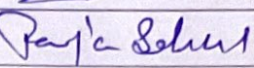
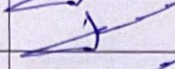
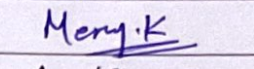

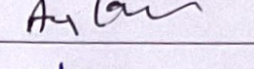

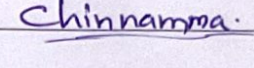

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COMPLAINTS AND FEEDBACK

Name: of Trainer:- DR. RASEEV NARULA

Date of Training : 06/10/2021

Slot Register Maintenance Training

S No.	Name	Trainer Sign	Attended by Signature
1	Dr Rajeev Narula		
2	Pooja Sahani		
3	Mercy Kumar		
4	Arun Kumar		
5	Chinnamma Bijo		

FEEDBACK FORM

Attended by : Dr. Rajeev Narula

1) Rate The Level of Training information useful to you.

A. Good

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B. Average

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C. Below Average

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2) Rate the Level of Training Method of Explanation.

A. Appropriate

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C. Below Average

☐

3) Rate the Importance of Training.

A. Good

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B. Medium

☐

C. Not Good

☐

Attended by : Pooja Sahni

1) Rate The Level of Training information useful to you.

A. Good

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C. Below Average

☐

2) Rate the Level of Training Method of Explanation.

B. Appropriate

☐

B. Average

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C. Below Average

☐

3) Rate the Importance of Training.

A. Good

☒

B. Medium

☐

C. Not Good

☐

Trainer Sign :

Attended by Sign: Pooja Sahni

Attended by : Mercy Kumari

1) Rate The Level of Training information useful to you.

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B. Average

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2) Rate the Level of Training Method of Explanation.

C. Appropriate

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B. Average

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C. Below Average

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3) Rate the Importance of Training.

A. Good

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C. Not Good

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Trainer Sign :

Attended by Sign: Mercy.K


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Attended by : Arun Kumar

1) Rate The Level of Training information useful to you.

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B. Average

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C. Below Average

☐

2) Rate the Level of Training Method of Explanation.

D. Appropriate

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B. Average

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C. Below Average

☐

3) Rate the Importance of Training.

A. Good

☒

B. Medium

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C. Not Good

☐

Trainer Sign :

Attended by Sign: Arun

Attended by : Chinnamma Bija

1) Rate The Level of Training information useful to you.

A. Good

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B. Average

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C. Below Average

☐

2) Rate the Level of Training Method of Explanation.

E. Appropriate

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B. Average

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C. Below Average

☐

3) Rate the Importance of Training.

A. Good

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B. Medium

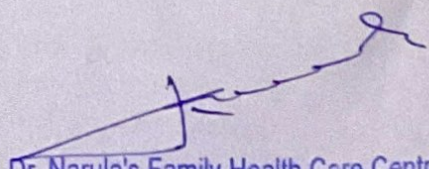
☐

C. Not Good

☐

Trainer Sign :

Attended by Sign: Chinnamma


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**COMPLAINTS AND FEEDBACK
Corrective Action Preventive Action (CAPA)**

Complaint Rectification and Patient Feedback Training

◆ **Date of Meeting :-** 13/10/2021

S.No.	Designation	Names of the members
1	Consultant	Dr. Rajeev Narula
2	Receptionist	Pooja Sahni
3	Therapist	Mercy Kumar
4	Therapist	Arun Kumar
5	Therapist	Chinnamma Bijo

TOPIC :

- Complaint Rectification *Proper*
- Patient Feedback *Proper*

Decision:

After one week of training in medical records inspection we found that the rectification of the patients complaint has started to happen in a proper way & the patients feedback was also started to be systematically arranged.

Mary K

Arun

Chinnamma

Pooja Sahni

[Signature]
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