

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

**Complaint Rectification and Patient Feedback Training**

◆ **Date of Meeting :-** 03/10/2021

S.No.	Designation	Names of the members
1	Consultant	Dr Pushkar Sharma
2	Consultant	Dr Paridhi Sharma
3	Receptionist	Dev Kumar
4	Therapist	Amit
5	Therapist	Giyani Devi Maurya
6	Pharmacist	Ashu

**TOPIC :**

- Complaint Rectification Not proper
- Patient Feedback Not proper

**Decision :** In our medical records 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 patient training should be arranged for feedback.

*Dev*

*Paridhi*  
*Amit*  
*Ashu*  
*शान्ति देवी शर्मा*

*Pushkar*

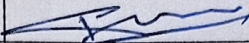
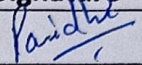
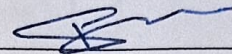
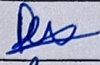
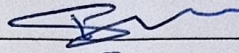
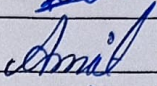
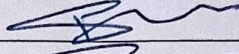
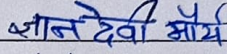
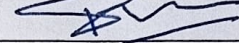
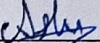


## COMPLAINTS AND FEEDBACK

Name: of Trainer:- Dr. Pushkar Sharma

Date of Training : 03/10/2021

### Complaint Rectification and Patient Feedback Training

S No.	Name	Trainer Sign	Attended by Signature
1	Dr Paridhi Sharma		
2	Dev Kumar		
3	Amit		
4	Giyan Devi Maurya		
5	Ashu		

## FEEDBACK FORM

Attended by : Dr. Paridhi Sharma

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

☒

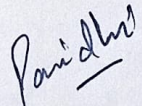
B. Medium

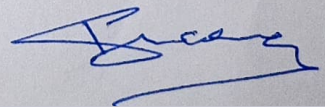
☐

C. Not Good

☐

Trainer Sign :

Attended by Sign: 





Attended by : Dev Kumar

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

☐

C. Not Good

☐

Trainer Sign :

Attended by Sign:

*Dev*

Attended by : Amit

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

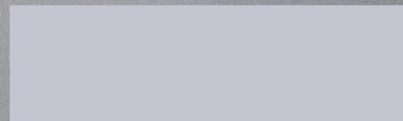
☐

Trainer Sign :

Attended by Sign:

*Amit*

*[Signature]*





Attended by : Giyan Devi Maurya

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

☐

Trainer Sign :

Attended by Sign:

आनंद देवी साय

Attended by : Ashu

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

☐

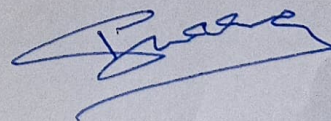
C. Not Good

☐

Trainer Sign :

Attended by Sign:

अशु







29/09/2021

Date : .....

## Complaint

Patient Name : PR Dabral

Sex : Male

UHID : UAC 2139

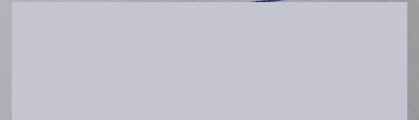
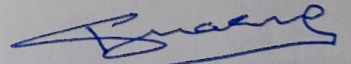
OPD : 2140

Complaint Date : 19/09/2021

Complaint : I have to wait for the therapy.

Rectification Date : 21/09/2021

Take Action : Staff were providing training in the slot register.



29/09/2021  
Date : .....

## Complaint

**Patient Name :** MD Mukhtar Khan

**Sex :** Male

**UHID :** UAC 2161

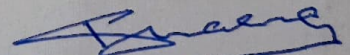
**OPD :** 2162

**Complaint Date :** 26/09/2021

**Complaint :** Pain not healing.

**Rectification Date :** 27/09/2021

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



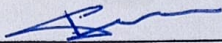
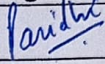
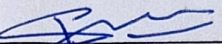

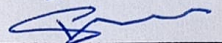
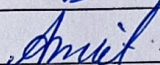

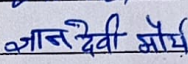

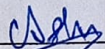


## COMPLAINTS AND FEEDBACK

Name: of Trainer:- Dr. Pushkar Sharma

Date of Training : 04/10/2021

### Slot Register Maintenance Training

S No.	Name	Trainer Sign	Attended by Signature
1	Dr Paridhi Sharma		
2	Dev Kumar		
3	Amit		
4	Giyan Devi Maurya		
5	Ashu		

### FEEDBACK FORM

Attended by : Dr. Paridhi Sharma

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

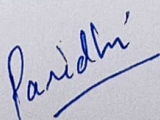
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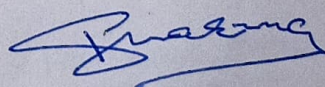
C. Not Good

☐

Trainer Sign :

Attended by Sign:







Attended by : Dev Kumar

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 ☐ C. Not Good ☐

Trainer Sign :

Attended by Sign: Dev

Attended by : Amit

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 ☐

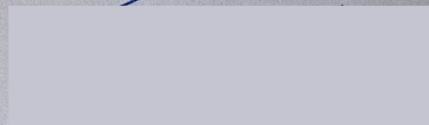
3) Rate the Importance of Training.

A. Good ☐ B. Medium ☒ C. Not Good ☐

Trainer Sign :

Attended by Sign: Amit

Praveen





Attended by : Prigyan Devi Maurya

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.

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: प्रियान देवी मौर्या

Attended by : Ashu

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.

E. Appropriate

☐

B. Average

☒

C. Below Average

☐

3) Rate the Importance of Training.

A. Good

☒

B. Medium

☐

C. Not Good

☐

Trainer Sign :

Attended by Sign: Ashu

Bhramar



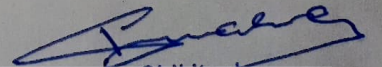
## PATIENT FILE CHECKLIST

UHID.....UAC 2139..... OPD.....2140..... Date.....29/09/2021.....

Patient Name :.....P.R. Dabral..... Age :.....59..... Sex:.....M.....

DOA.....16/09/2021..... DOD.....23/09/2021.....

S No.	Form List	Yes	No
1.	Prescription (UHID No.)	✓	
2.	Admission Discharge	✓	
3.	Terms And Condition	✓	
4.	General Concern	✓	
5.	Prakriti Chart	✓	
6.	Covid-19 Form	✓	
7.	Feedback Form	✓	
8.	Panchkarma Concern	✓	
9.	Procedure Care Plan	✓	
10.	Discharge Form	✓	
11.	Pain Score	✓	
12.	Vital Chart	✓	
13.	Daily Medication Form	✓	
14.	Daily Feedback Form	✓	
15.	Charge Concern Form	✓	
16.	Test Request Form	✓	
17.	Progress Note	✓	
18.	Adhar Card	✓	
19.	Payment Slip	✓	
20.	Final Bill	✓	
21.	Signature,Date,Time	✓	





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

**Complaint Rectification and Patient Feedback Training**

◆ **Date of Meeting :-** 11/10/2021

S.No.	Designation	Names of the members
1	Consultant	Dr Pushkar Sharma
2	Consultant	Dr Paridhi Sharma
3	Receptionist	Dev Kumar
4	Therapist	Amit
5	Therapist	Giyan Devi Maurya
6	Pharmacist	Ashu

**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 and the patients feedback has also started to be systematically arranged.

Paridhi  
Sharma

Usha  
शाल देवी शर्मा

Dev

Amrinder