To,

All Medical Superintendents
ESIC Hospitals.

Sub:- Feedback form for ESI Hospitals and dispensaries.

Sir/Madam,

In view of recommendation of 2\textsuperscript{nd} Administrative Reforms Commission in its 12\textsuperscript{th} Report, please refer to this office instruction letter No. U-13/14/IP-reim./07-Med. dated 07.11.2007 (copy enclosed).

In this regard, you are once again requested to get patient satisfaction form regularly filled-up and send its report along with monthly D.O. letter to Headquarter office.

The receipt of the letter may kindly be acknowledged.

Yours faithfully,

Encl: As above

(Dr. S.K. Raju)

Dy. Medical Commissioner (MS)

Copy to:-

1. Dealing Assistant, monthly D.O. letter seat, Medical Branch-I for information and necessary action.

2. Website Content Manager for upload on ESIC website.


(Dr. S.K. Raju)

Dy. Medical Commissioner (MS)
No. U-13/14/IP reim./07-Med.I  

November 07, 2007

To

All Medical Superintendents/
Director (Med.) Delhi / Noida/
All Sr. State Medical Commissioners/
All State Medical Commissioners

Sub: Feed Back form for ESI Hospitals and dispensaries.

Sir/Madam,

It is to inform you that Hon'ble Minister of State for Labour & Employment (IC) has desired that there should be regular feed back from patients attending to ESIC Hospitals and dispensaries so as to improve the medical care services.

In this regard, please find enclosed a feed back form for ESIC Hospitals / dispensaries duly approved by Director General and the same should be made available to the beneficiaries. The following guidelines may be strictly adhered to:-

1. Form should be duly available and drop box should be placed at convenient locations.
2. The feed back form should be made available in Hindi, English and local language.
3. Analysis of the feed back forms should be done weekly and reviewed by Head of Institution for taking remedial actions.
4. Report of the important grievances and remedial measures taken should be informed to next higher authority.

The receipt of the letter may kindly be acknowledged.

Yours faithfully,

(Encl: As above)

(DR. S.K. JAIN)
DY. MEDICAL COMMISSIONER
PATIENT FEEDBACK FORM FOR ESIC HOSPITALS / DISPENSARIES

Your co-operation will help us serve you better.

Dated:

<table>
<thead>
<tr>
<th>Satisfaction level</th>
<th>Very Good</th>
<th>Good</th>
<th>Satisfactory</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient amenities such as waiting area, toilets, drinking water etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Doctor consultation</td>
<td></td>
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<tr>
<td>Investigations</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Supply of drugs</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Accessibility to various Departments</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behaviour of the staff</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Waiting time</th>
<th>Short</th>
<th>Long</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>INDOOR SERVICES</th>
<th>Very Good</th>
<th>Good</th>
<th>Satisfactory</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation and availability of doctors / Nurses</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Bed linen</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Cleanliness in the ward, toilets etc.</td>
<td></td>
<td></td>
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</tbody>
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Any Suggestions:

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OPTIONAL INFORMATION

1. Name
2. Insurance Number
3. Address
4. Telephone No.
5. Email ID

Signature