

**Tell us what
you think:**

**Share
Your
Experience**



 **West Park** get
HEALTHCARE CENTRE your
life back

PARTNERSHIP PLEDGE

WE ARE RESPONSIBLE TO:

- Introduce ourselves and explain our role
- Be respectful and courteous, and treat everyone with dignity
- Clean our hands to prevent infection
- Provide safe, high quality care and services
- Maintain a safe, clean and accessible environment
- Check your identification before providing medications, treatments or procedures
- Listen to and address your questions and concerns
- Coordinate and explain your care and services
- Maintain privacy and confidentiality of patients' personal health and financial information

YOU ARE RESPONSIBLE TO:

- Provide all the information you have about your health
- Be respectful and courteous, and treat everyone with dignity
- Clean your hands to prevent infection
- Be actively involved in your health care
- Follow the Centre's safety instructions and policies
- Check your ID bracelet for proper fit and accuracy of information
- Ask questions and let us know if you have any concerns about your care and services
- Respect the privacy of others

WORKING IN PARTNERSHIP TO IMPROVE YOUR CARE

At West Park Healthcare Centre, we work together with patients and families to ensure the best healthcare experience possible.

We welcome the views of our patients, families, visitors, staff members, physicians and volunteers in our commitment to continuously improving the quality of the services we provide.

We take all complaints seriously and ensure everyone is treated with courtesy and respect.

We share all compliments with the individuals who are the subject of the compliment along with their manager and the senior management team.

PLEASE SHARE YOUR FEEDBACK HERE:

Indicate if this is a: Concern Compliment Suggestion

If you have a concern, include any relevant dates and facts. We will contact you regarding your concern within two business days.

Today's date: _____ Your name: _____

Patient room/unit or address: _____

Please use this form to note your feedback. Deposit the completed form in the "Tell Us What You Think" drop boxes at the elevators on each floor in the Main Building, on the ground floor of the Ruddy Building and at the main entrance, or call our hot-line at 416-243-3600 ext. 2337 to leave a message.

If you wish to submit the form via mail please do so to the address below in a sealed envelope. Mark it Attention: Patient Experience.

Your phone number: _____ Would you like to remain anonymous: Yes No

If you wish to remain anonymous, a member from Patient Experience will contact you confidentially to discuss your concern. Please include the name and phone number of who completed this form.

Name (first and last) _____

Home Address _____

City _____ Province _____ Postal Code _____

Home # _____ Cell # _____ Email _____

Preferred Contact (check one) Phone Email

Are you sharing this feedback as a (check one) Patient Family Member Other (_____)

Use this area to note your feedback:

WEST PARK HEALTHCARE CENTRE PATIENT AND FAMILY ADVISORS

Help us make continued improvements and get involved - your experience matters! We are seeking patients and caregivers to join our community of Patient and Family Advisors, who are willing to share their personal experience to make a difference at West Park Healthcare Centre.

We are looking for enthusiastic individuals who have had recent or current experience at West Park that are passionate about making an impact and comfortable participating in collaborative environments.

Yes I am interested; please contact me to learn more and receive the Patient Family Advisor Package.

No, I am not interested at this time.

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