## **Holland Bloorview**

Kids Rehabilitation Hospital

# I want to thank my health-care team.

I have an idea!

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### **Client and Family Relations**

Kimberley Siu-Chong, facilitator Phone: 416-753-6084 or ext 6084 from any internal phone Email: feedback@hollandbloorview.ca

## We want to hear from you!

#### I have a: Compliment I Idea / Comment

Which of these areas would you like to comment on?

- **D** Quality of Care (e.g. client safety and best practice)
- Respect and Dignity (e.g. listening to needs and concerns)
- □ Information Sharing (e.g. communication)
- □ Partnership (e.g. working together)

These areas come from our Patient Declaration of Values, available at www.hollandbloorview.ca/feedback

Your name:

Phone number: \_

Email:

I prefer to provide feedback anonymously.
 I want to be contacted by Client and Family
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Relations. 🗖 Yes 🗖 No

I give Holland Bloorview permission to include my feedback (without my name and/or the client's name) in the Client and Family Relations annual report, which is available on our website. □ Yes □ No

When you give a compliment to an employee, student or volunteer, she/he receives a spotlight award and a client and family centred care champion pin.

Who would you like to compliment?

Please tell us more or share your idea or comment:

Please drop this completed postcard into the drop box in front of the Grocery Foundation Resource Centre, first floor.

The personal information you provide is collected, used and shared under the authority of the Public Hospitals Act to improve quality of care. Please contact Client and Family Relations at 416-753-6084 for more information.

