**Welcome to Care Opinion**

We’re so happy to welcome you to the Care Opinion community!

By joining the platform, you’re not just adopting a new feedback tool—you’re making a powerful statement about the value of listening, learning, and continuously improving. Every story shared on Care Opinion holds the potential to inform change, inspire compassion, and build trust across our healthcare system.

This journey is about real people and real experiences—and your commitment to hearing those voices makes all the difference.

We’re here to support you every step of the way, and we can’t wait to see the impact you’ll make by amplifying patient voices in your organization.

**Let’s get started….together.**

## Organization Information

**Organization Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Site(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Operational Contact Name(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organization Type:** (PCN, Clinic, Care Facility, etc.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Patient Population Served**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**# of Healthcare Providers**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Safeguarding Lead:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

##  Daily calendar with solid fillOnboarding Sessions (To Be Booked)

|  |  |  |
| --- | --- | --- |
| **Session** | **Purpose** | **Preferred Date** |
| **Orientation (1 Hour)** | Overview of Care Opinion, expectations, success factors | *\*Within 2 weeks of contract signing* |
| **Administrator Training****(1 hour)** | Setup roles, alerts, site listings, tags, reporting | *\*Within 3 weeks of contract signing* |
| **Communications Support****With Kelly**  | Support for promoting Care Opinion within your organization | \**Within 4 weeks of contract signing* |
| **Responder Training & Feedback****(1 hour)** | Writing responses, tone, compassion, encouraging feedback | \**Within 4 weeks of contract signing* |

##  Bullseye with solid fillGoals & Vision

|  |  |
| --- | --- |
| **What are your goals and vision for using Care Opinion?** |  |
| **How Are You Currently Gathering Patient Experience?** |  |
| **Priority Areas or Services for Launch** |  |
| **What are the key drivers that led to your decision to subscribe to Care Opinion?*****(e.g., patient experience data, accreditation requirements, quality improvement)*** |  |

## Blueprint with solid fill Technical & Access Info

**IT or Comms Contact** (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do You Need Help Setting Up a Feedback Page on Your Website?** [ ] Yes [ ] No

## Bullseye with solid fillOptional Add-Ons

[ ] Custom Tags

[ ] Community Posters or Digital Assets

[ ] Ongoing Training or Webinars

[ ] Lunch and Learn

[ ] Co Branding Support

## A couple of circles with a speech bubble  AI-generated content may be incorrect.Final Comments, Questions or Additional Supports Needed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please return this completed form by email to tracee@imaginecitizens.ca

Don’t forget to save a copy for your records!