



Great care creates an environment where interactions are sacred and love, compassion and empathy flourish.



Greet

We welcome you and introduce ourselves using our name and role.



Respect

We respect your diversity, guard your safety, and make you feel seen and heard.



Engage

We actively listen with empathy.

A

Assist

We explain what we are doing and why.

T

Transition

We support your transition of care.

OUR MISSION

As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.

OUR VALUES

Compassion, Dignity, Justice, Excellence, Integrity.

OUR VISION

Health for a Better World.

OUR PROMISE

"Know me, care for me, ease my way."

FIRST AND	LAST NAME				
FLOOR, RO	OM # OR DEPART	MENT			
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Thank you for your comments. Please tell us a little about yourself.

Physician

Volunteer

Employee

DATE

Medical Center Location:

San Pedro

Torrance

YOUR NAME (OPTIONAL)

PHONE NUMBER (OPTIONAL)

lam a (check one):
Patient

Family

Visitor

Other

I want to recognize this individual or

department for providing G.R.E.A.T. care. 7