

## Further assistance

For any immediate/urgent concerns, we encourage you to speak directly with your care provider, with the manager of the unit or the attending physician. If you are unable to resolve your concern with the members of the care team or manager of the unit, please contact Patient Relations for assistance.

## How to reach us

### Telephone



(905) 472-7141

Please leave a detailed message, including name, telephone, brief description of the issue, should we be unavailable to take your call.

### Email



patientrelations@msh.on.ca

### In person



Markham Stouffville Hospital  
381 Church Street  
Office B1600  
Monday – Friday, 9 a.m. – 5 p.m.

### In writing



Attn: Patient Relations  
Markham Stouffville Hospital  
381 Church Street, PO Box 1800  
Markham, ON L3P 7P3



905-472-7373

Markham Stouffville Hospital  
381 Church Street, PO Box 1800  
Markham, ON L3P 7P3

Msh.on.ca

 @MSHospital

 MarkhamStouffvilleHospital

 @MSHospital

# We welcome your comments

# Providing feedback about your experience

At Markham Stouffville Hospital and Uxbridge Hospital, we value your feedback regarding your experience. Our goal is to provide high quality, safe care and an extraordinary patient experience. At any point during your care, we welcome feedback about what we are doing well and/or how we can improve the services we provide.



# We care about your comments

Date: \_\_\_\_\_

I am completing this at the:

- Markham site  Uxbridge site  RCC

I am a:  Visitor  Family member  Outpatient  Inpatient

Department:

# What is patient relations?

Patient Relations was created to provide support to you and your caregiver(s) through your experience at the hospital and to assist you with questions or concerns. We act as a representative for patients and families. Whether you have a complaint, suggestion, or a compliment, we would like to hear your feedback.

## Feedback

What did we do well?

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

What could we do better?

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

### Arrival at the hospital

Were you registered in a timely manner?

- Yes  No  N/A

Were you able to locate your department easily?

- Yes  No  N/A

### During your stay

Did we introduce ourselves and treat you with courtesy and respect?

- Always  Usually  Sometimes  Never

Did we listen carefully to you?

- Always  Usually  Sometimes  Never

Did we explain things in a way you could understand?

- Always  Usually  Sometimes  Never

Were you involved as much as you wanted to be about your care?

- Always  Usually  Sometimes  Never

Would you recommend this hospital to your friends and family?

- Definitely No
 Probably No
 Probably Yes
 Definitely Yes

Please provide your contact information (optional)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

If you would like someone to contact you regarding your experience, please indicate here:

Yes, I would like to be contacted

