



Patient Experience Participant (PEP)
Application Form

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| Date: | Name: (first and last) |
| Address: | |
| Telephone: | Email: |
| The following questions will help us get to know you better. Are you a: <input type="checkbox"/> Family member of a patient <input type="checkbox"/> Patient Have you or your family used the services of Markham Stouffville Hospital in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No Which department provided care for you or family: <input type="checkbox"/> Emergency Room <input type="checkbox"/> Outpatient Clinic <input type="checkbox"/> Inpatient Unit <input type="checkbox"/> Diagnostic & Laboratory Services <input type="checkbox"/> Other Age: <input type="checkbox"/> 18-35 <input type="checkbox"/> 36 – 55 <input type="checkbox"/> 55+ | |
| Why would you like to serve as a patient experience participant? | |
| What (healthcare related) issues interest you? | |
| What is your general availability? Daytime (between) _____ and _____ / Evenings (between) _____ and _____ <small>*Note: Hospital meetings may take place between 7 am and 7 pm, although many happen during regular business hours.</small> | |
| I would be interested in helping with/participating in: (check all that apply) <input type="checkbox"/> Developing/reviewing patient/family educational materials and website resources <input type="checkbox"/> Planning for the outpatient experience <input type="checkbox"/> Planning for the inpatient care experience <input type="checkbox"/> Ensuring patient safety and the prevention of errors <input type="checkbox"/> Educating medical students and residents, new employees and other staff about the experience of care and effective communication and support <input type="checkbox"/> Improving the coordination of care, discharge planning, and the transition to home and community care <input type="checkbox"/> Developing the uses for information technology, including electronic medical records <input type="checkbox"/> Working and planning with specific departments and on projects (check all departments of interest) <ul style="list-style-type: none"><input type="checkbox"/> Oncology<input type="checkbox"/> Mental Health<input type="checkbox"/> Medicine<input type="checkbox"/> Surgery<input type="checkbox"/> Emergency<input type="checkbox"/> Cardiology<input type="checkbox"/> Critical Care<input type="checkbox"/> Home and Community Care <input type="checkbox"/> Other activities (please specify) _____ | |

Please return form to: patientexperience@msh.on.ca or via mail at

Attn: Michelle Samm, Patient Experience, Markham Stouffville Hospital
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