

CCHOHT

Patient, Client, Family, Caregiver Advisory Committee (PFAC)

Application Form

Thank you for your interest in becoming member of the Connected Care Halton Ontario Health Team (CCHOHT) Patient, Family, and Caregiver Advisory Committee (PFAC). Please fill out the attached application and submit to info@connectedcarehalton.ca.

Background: A key commitment of the Connecting Care Act, 2019 is expanding patient, client, family, and caregiver engagement across the healthcare system. The Connected Care Halton Ontario Health Team (CCHOHT) Patient, Client, Family, and Caregiver Advisory Committee (PFAC), allows the CCHOHT to learn what patients, families, and caregivers value most in health system planning and foster a shared understanding of their experiences.

Note: The term “patient” includes primary care patients, long-term care home residents, clients of mental health and addiction or community support services, and recipients of home and community care. The term “family” is determined by the patient and is not limited to blood relations. The term “caregiver” refers to individuals assisting the patient (other than paid healthcare providers).

Roles and Responsibilities: PFAC members apply their collective learnings, perspectives, and experiences to fulfil the following roles and responsibilities:

- advise on the CCHOHT’s Patient, Client, Family, Caregiver Declaration of Values;
- identify and advise on opportunities to incorporate the patient, family, and caregiver perspective in programs, services, and other initiatives to better connect care across the region and across the healthcare system;
- establish focus groups to field strategies and ideas of the PFAC Committee with membership that may be composed of both PFAC Committee and non- PFAC Committee members;
- support effective patient, family, and caregiver engagement within the attributed population;
- help establish and provide recommendations on healthcare access or service delivery improvements from the patient, family, and caregiver perspective;
- provide input on CCHOHT policies and standards guiding CCHOHT initiatives, particularly on patient care and patient engagement;
- recommend strategies and practical ideas for improving patient care, and family and caregiver recognition and support;
- work in partnership and engage in co-design with the CCHOHT leadership, service providers, and partners;
- ensure all feedback and advice on relevant matters from the PFAC Committee feeds, through its Chair, through to the Collaborative Committee; and

- link and collaborate with other patient, family, and caregiver advisory groups within and external to the CCHOHT.

Term: PFAC members are appointed annually. The term of membership is no less than two years and no more than four years.

Meetings: Meetings are currently held monthly, with the possibility to change to quarterly meetings. Meetings may be in-person (as public health or hospital rules allow) or virtual through the use of technology.

Meetings are currently held on the 3rd Monday of the month between 2-3:30. This time may change to allow for participation of members.

APPLICATION

This information provided on this form **is only for the purpose of recruitment** of CCHOHT PFAC members and ensuring participants are representative of the community served by CCHOHT. All information contained on this form is **considered confidential and is only intended for use by CCHOHT members**. You may be contacted to participate in an informal interview. Please email completed applications **to (CCHOHT email)**.

Any data shared beyond those mentioned above will be in aggregate and will not include any identifying responses.

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|--|--|
| First and Last Name: | |
| City/Town of Residence: | |
| Email Address: | |
| Phone Number: | |
| What is the best way to contact you? | <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Other (please specify): _____ |
| When is the best time to contact you? | <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Other (please specify): _____ |
| I identify as a: | <input type="checkbox"/> Patient or Client <input type="checkbox"/> Family Member of a Patient/Client <input type="checkbox"/> Caregiver of a Patient/Client <input type="checkbox"/> Other (please specify): _____ |

| | |
|--|--|
| <p>I have previous experience as a PFC advisor for health or social services:</p> | <p><input type="checkbox"/> Yes (please specify): _____</p> <p><input type="checkbox"/> No, but I am interested in being a member of PFAC</p> |
| <p>How did you hear about this opportunity?</p> | <p><input type="checkbox"/> CCHOHT Website</p> <p><input type="checkbox"/> CCHOHT Social Media</p> <p><input type="checkbox"/> Word of Mouth</p> <p><input type="checkbox"/> Newspaper</p> <p><input type="checkbox"/> Mail out to home</p> <p><input type="checkbox"/> Hospital video screen or bulletin board</p> <p><input type="checkbox"/> Newsletter from a healthcare facility or community service organization</p> <p><input type="checkbox"/> My doctor / family health team</p> <p><input type="checkbox"/> Other (please specify): _____</p> |

Demographic and Social Questions

It’s important that we recruit a range of community voices from different backgrounds and with different experiences. The following demographic/ social questions will help us learn more about you. **You are not required to answer all the questions.**

| | |
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| <p>Do you self-identify as: (click all that apply)</p> | <p><input type="checkbox"/> Indigenous (First Nations, Inuit, Metis)</p> <p><input type="checkbox"/> Francophone</p> <p><input type="checkbox"/> Newcomer (an immigrant or refugee who has been in Canada for usually less than five years)</p> <p><input type="checkbox"/> 2SLGBTQIA+</p> <p><input type="checkbox"/> Racialized, ethnic and/or cultural minority group</p> <p><input type="checkbox"/> Individual or family from a lower income household</p> <p><input type="checkbox"/> A person with a disability or accessibility challenge</p> <p><input type="checkbox"/> Other (please specify) _____</p> <p><input type="checkbox"/> Prefer not to answer</p> |
| <p>I identify my gender as:</p> | |
| <p>Please indicate your age range:</p> | <p><input type="checkbox"/> 18-25</p> <p><input type="checkbox"/> 26-39</p> <p><input type="checkbox"/> 40-55</p> <p><input type="checkbox"/> 56-64</p> <p><input type="checkbox"/> 65-75</p> |

| | |
|--|---|
| | <input type="checkbox"/> 76+ |
| What language to you feel most comfortable speaking in? (including ASL)? | |
| In what language do you prefer reading information? | |
| Are there other unique perspectives you bring that have not been asked? | <input type="checkbox"/> Yes (please specify) _____ <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say |
| Which services do you (or your family member/the person you care for) have experience with? (Please check all that apply): | <input type="checkbox"/> Primary Care (Family Doctor / Nurse Practitioner/ Family Health Team) <input type="checkbox"/> Hospital – Emergency Dept. <input type="checkbox"/> Hospital – Outpatient clinic <input type="checkbox"/> Hospital – Inpatient <input type="checkbox"/> Community Health Centre <input type="checkbox"/> Home and Community Care <input type="checkbox"/> Long-Term Care <input type="checkbox"/> Home Care <input type="checkbox"/> Community Support Services <input type="checkbox"/> Hospice Palliative Care <input type="checkbox"/> Community Mental Health and/ or Addictions <input type="checkbox"/> Indigenous Health <input type="checkbox"/> Other: _____ |
| How frequently do you (or your family member/the person you care for) access healthcare services or supports through the hospital or community? | <input type="checkbox"/> More than 1-2 times per month <input type="checkbox"/> 1-2 times per month <input type="checkbox"/> Once every 6 months <input type="checkbox"/> Once a year or less <input type="checkbox"/> Other (please specify): _____ |

Please write brief but descriptive answers to the following questions in the spaces provided.

- 1. Why are you interested in becoming a CCHOHT PFAC advisor? What unique perspectives and strengths would you bring as an advisor?**

- 2. What are some of the specific things that health and social services are doing well in Halton?**

- 3. What are some of the things you would like to see health and social services do better in Halton?**

- 4. Do you have any special interests in regards to health and social services?**

- 5. When is your availability for meetings (daytime, evenings, weekends)?**

6. Please describe any perceived barriers to your participation (e.g., technology – computer or tablet, internet, software), childcare, caregiving or other commitments, in-person vs online meetings, work, school, language, sensory, learning, developmental, etc.)

Conditions of Application:

- I have read the PFAC member role and responsibilities and can commit time to participate in activities
- I understand that I am not guaranteed an advisory role with the CCHOHT PFAC
- I understand that I may withdraw my application at any time

Signature:

Date: