

Connected Care Halton Ontario Health Team (CCHOHT) Patient/Client and Family/Caregiver Advisor Application

The voices of patients, families, caregivers are a key to creating an integrated system of health care. As partners in healthcare, they act as compasses, not only in their own health decisions, but for the communities they represent at all levels of planning, delivery, and implementation of changes to the healthcare system.

The insight and unique experiences of patients, families, caregivers enables the design and the delivery of healthcare in our community to provide the right care, at the right time, in a way that works for patients and their families/caregivers.

Should you require any accommodation to be able to fully participate in this application process, please let us know at the email listed at the end of this form and we will be more than happy to assist.

Name: _____

Town/Region: _____

Preferred contact:

Phone: _____

Email: _____

Please take a few minutes to complete the following questions that will help us get to know you better.

1. Are you a ...

- Patient/Client
- Family member/Caregiver of a patient

Note: Family is defined as someone who a person considers an important part of their healthcare support; they do not have to be legally related.

2. We recognize that our patient, caregiver and family advisors have busy lives. How much time are you able to commit to being a patient/client and family/caregiver advisor each month? (check one)

- Less than one hour per month
- One to two hours per month
- Three to four hours per month
- More than four hours per month

3. Would you be available to participate in 6-8 monthly meetings over the year. These meetings may be up to 120 minutes in length. (You can still be an advisor if you answer “No.”)

Yes No

4. What days and time of day work best for you (select all that apply)?

Days:

Monday Tuesday Wednesday Thursday Friday Saturday

Times of day:

Early Morning (before 9 a.m.)

9 a.m. – 12 p.m.

12 p.m. – 1 p.m.

1 p.m. – 4 p.m.

4-6 p.m.

Evenings (after 6 p.m.)

5. Below are some of the ways you can help as an Advisor (check all of your interest areas)

Being part of a project

- Usually of short duration
- specific needs
- online or in-person
- giving feedback

Being part of a work stream

- Work streams are committees addressing areas that CCHOHT has identified as priorities such as mental health, palliative care, home and community care, digital health, etc.
- Work streams occur monthly
- Ongoing

Provide input on CCHOHT policies and processes

- read and review materials

- in-person or online
 - at home
 - occurs sporadically
- Telling your story – in the following ways:*
- Newsletters or online
 - videos
 - to healthcare providers/ community organizations
 - meetings or townhalls
 - education sessions
- In ways that work for you:*
- One time feedback on an issue or an application for a grant or funding
 - Being part of a focus group
 - Being part of a survey – including developing
 - Review and provide input on documents
 - On health-specific issues with which you have experience
 - Review of materials and resources for language and or cultural awareness
 - Review of materials and resources for accessibility
- Apply to be a member of the Patient, Family, Caregiver Advisory Committee (note: you can still be an advisor even if you are not chosen to be on the committee)*
- Other areas of interest (please describe):*

6. Why would you like to serve as a patient/client and family/caregiver advisor?

7. If you have served as an advisor, been an active volunteer, committee member or provided public service for other programs or organizations, please describe the experience:

8. Describe any skills, experience, or training that you have that you feel may be of benefit as a Patient/Client and Family/Caregiver Advisor:

9. Preferred language _____ Other languages _____

10. Are there unique perspectives or experiences that would you bring to this role?

11. What supports would you require to be able to participate fully in this committee (e.g. transportation, technology, language, etc.)?

I understand that this role is as a Patient/Client or Family/Caregiver Advisor and that is the voice I will be bringing to role if I am selected.

I understand that completion of this form does not guarantee me a role as a patient/client or family/caregiver advisor.

I understand that I may be part of a greater Patient, Family, Caregiver Advisory pool and that opportunities to be involved will be shared with me as they become available.

Name: _____ Signature: _____

Date:

Please return this form by mail/ email (preferred method) to:

info@cchoht.ca OR

Halton Healthcare (Attn: Connected Care Halton OHT)

3001 Hospital Gate 1W209

Oakville, ON