

Patient and Family Advisory Council- Call for New Advisors

Located in the heart of Kitchener, Ontario, St. Mary's is the second-largest acute care hospital in the St. Joseph's Health System and a Regional Cardiac Care Centre. We proudly serve the residents of Waterloo, Wellington County, and extend our reach to Dufferin, Grey-Bruce and beyond.

Our nearly 2,000 staff, physicians and volunteers provide excellent, compassionate care to hundreds of thousands of patients and families every year in our core areas of clinical focus:

- Cardiac Care (Regional Cardiac Centre)
- Respiratory Care (Level 1 Thoracic Surgery Centre)
- Outpatient (Day) Surgery
- General Medicine
- 24/7 Emergency Care

Our Patient and Family Advisory Council

In 2015 St. Mary's General Hospital launched a Patient and Family Advisory Council (PFAC). Now, two years later, we are looking for new advisors, to help improve the patient and family experience by advising our leadership team on matters that impact the patient and family experience and patient-centered care.

SMGH believes in putting the patient and family at the heart of every decision and empowering them to be partners in their care.

Thank you for your interest in partnering with St. Mary's General Hospital (SMGH) as a Patient and Family Advisor!

Membership Selection

To become a patient or family advisor on the PFAC, candidates must have a recent experience (within the past 3 years) of being a patient or the family of a patient.

Please complete an application form and return it to the SMGH Patient Experience Coordinator. The application will be reviewed by the PFAC Co-Chairs, and some applicants will be invited to SMGH to meet the Co-Chairs and further determine fit and appropriateness. If accepted, the candidate will be informed by the Co-Chairs.

Term

The term for PFAC members is two years, renewable for a maximum of 2 terms (4 years).

Meeting Frequency

The PFAC will meet on the second Monday of the month, six (6) times annually: September, November, January, March, May and June. Members are required to attend at least five meetings per year in order to hold their term.



**Patient and Family Advisory Council
Membership Application**

Thank you for your interest in the St. Mary's General Hospital (SMGH) Patient and Family Advisory Committee. Please complete this form to be considered as a candidate for membership on the council. You may be contacted upon receipt of this application form to participate in a face-to-face meeting/interview.

Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Telephone: _____ Email: _____

What is the best time to contact you and how would you like to be contacted?

A patient and family advisor is a person who has had a recent experience (generally within 3 years) of being a patient or the family member of a patient and is partnering with staff and clinicians to provide direct input into policies, programs and practices which affect patient care and services.

Please share with us a brief description of the following:

1. Why do you want to become a patient and family advisor at SMGH?

2. Are you able to serve as an advisor for more than 1 year? Yes No

3. Within the past 3 years, which SMGH programs or services have you and / or your family used?

4. What skills and/or experience do you have that would make you an effective patient and family advisor?

Please read carefully before signing:

Personal information contained on this form is collected pursuant to the Public Hospitals Act and the Freedom of Information and Protection of Privacy Act (FIPPA), and will be used for the purpose of patient and family advisor selection at St. Mary's General Hospital. We will not share this information otherwise without permission from the applicant.

St. Mary's General Hospital reserves the right to accept or not accept patient and family advisor applicants. Patient and family advisors are selected according to their interest, skills, suitability, and the needs of the hospital. St. Mary's General Hospital reserves the right to release a patient and family advisor from his/her position if, in the opinion of the hospital, continuance of the patient and family advisor role could cause a detriment to the hospital.

By submitting this application, I have read and understand:

I understand that submitting this application does not guarantee a position as a patient and family advisor.

I understand upon acceptance as a patient and family advisor, I will be required to complete a police background check including a vulnerable sector check.

I understand that prior to beginning in my advisor role; I must sign a confidentiality agreement.

I give permission for SMGH to discuss my application with references listed below.

Please provide the names, phone numbers and email address of two references that are not related to you:

1. _____

2. _____

Signature: _____ Date: _____

Please email or mail completed form to:

Gillian Flynn
Patient Experience Coordinator
gflynn@smgh.ca