

## PATIENT FAMILY ADVISORY COUNCIL

### ***What is a Patient Family Advisory Council (PFAC)?***

Our Patient Family Advisory Council is composed of former patients, family members, community members and hospital staff who volunteer to be advisors. Our purpose is to strengthen collaboration between patients, family members and the health care team to enhance our ability to provide superior service. The result will be outstanding patient satisfaction while delivering the highest standard of safe, comprehensive and compassionate health care.

### ***What are we looking for in an Advisory Council member?***

We are seeking individuals who represent a cross-section of our community and who have chosen Stevenson Memorial for their healthcare needs: as patients in the hospital, as outpatients using the services within the hospital, or both. Family members are equally welcome as they offer another important perspective. Interested community members will also be considered.

### ***Why should you serve?***

- Help others by sharing your ideas and experiences, which in turn help us, learn and improve the way we communicate and deliver personal care.
- Influence the direction of activities, services, and policies at the hospital such as new hospital design, finding your way around the hospital and patient communication. Your opinion matters. You can help shape how services or policies unfold, and share your input as we build our new hospital.
- Learn more about programs that may benefit you or your family members. Help other families find and use helpful services and programs.
- Make a difference. This is your opportunity to create positive change in the lives of individuals and their families. Sharing your thoughts and your experiences with the hospital can help ensure that the decisions made by the organization are informed ones.
- Serving on the Council may broaden your network and contacts, and build your experience.

### ***How long will I be on the Council and what is the time commitment?***

The Council normally meets once a month for approximately two hours. Additional work may be required between meetings. We ask Advisory Council members to make a one to two-year commitment and to attend at least 75% of the meetings. This is a great opportunity to make an investment in your family, your community and in yourself.

### ***What's the next step?***

If you are interested, complete the application and return it to Stevenson Memorial Hospital, attention Trudy Petherick, Patient Experience Lead. Applications will be reviewed, and candidates will be selected to come in for an interview. We welcome your interest and look forward to the good work of this council.

# SMH Patient & Family Experience Advisor Application Form

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Emergency Contact information \_\_\_\_\_

In the past 3 years have you or a family used the services of Stevenson Memorial Hospital?

Yes            No

Why would you like to serve as an advisor?

What are some issues of special interest to you?

Do you have any special gifts or talents that would be advantageous?

# SMH Patient & Family Experience Advisor Application Form

I would be interested in helping with: (you may check more than one box)

- Developing/Reviewing patient/family educational materials and website resources
- Planning for the inpatient care experience
- Planning for the emergency care experience
- Planning for the out-patient experience
- Ensuring patient safety and the prevention of medical errors
- Improving the coordination of care, discharge planning and the transition to home and
- Community care
- Medicine
- Surgery
- Emergency
- Cardiology
- Mental Health
- Hiring Interviews
- Obstetrics
- Other (please indicate)

# SMH Patient & Family Experience Advisor Application Form

**Please read and before signing:**

I understand that submitting this application and/or being interviewed does not guarantee a position as a Patient Experience Advisor.

I understand that prior to beginning as an advisor I must sign a confidentiality agreement.

I understand that as an advisor I will be accountable to the SMH Lead for Patient and Family Centered Care.

Please provide the names and contact information of two references who are not related to you.

Name/Contact Information of Reference \_\_\_\_\_

Name/Contact Information of Reference \_\_\_\_\_

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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 Experience Advisor selection and placement at SMH. We will not share this information otherwise without permission from the applicant.

Please return this form to: Kelly-Anne Rowntree  
Manager, Quality, Risk and Patient Experience  
Stevenson Memorial Hospital  
200 Fletcher Street, Alliston, Ontario  
L9R 1W7 krowntree@smhosp.on.ca