Winchester District Memorial Hospital

Patient & Family Engagement Committee Application Form

Winchester District Memorial Hospital (WDMH) supports a patient and family centred approach to health care. To ensure our patients are at the centre of everything we do, we need to hear from them and their families. The Patient and Family Engagement Committee is a partnership between patients and families and the WDMH leadership team. Our goal is to improve quality of care and the patient experience.

It is expected that the Patient and Family Engagement Committee will:

- Provide input to the hospital leadership team on practices and initiatives related to patient and family centred care.
- Provide feedback on items referred to the Committee, including policies, procedures, care practices, materials and communication strategies.
- Participate in the annual development and review of the hospital's Quality Improvement Plan.
- Respond to requests to partner on committees, project teams, task forces, and working groups related to enhancing the patient experience.
- Provide feedback on education, policy, and program development relevant to the Committee at the corporate, program/department or unit level.
- Provide the Senior Management Team with an annual report outlining the Committee's work.

Name: _____

Address: _____

City/Province: _____**Postal Code:** _____

Phone: _____**Email:** _____

Preferred method of contact (please circle): **Phone** **Email**

I am (please check):

☐ A current patient ☐ A former patient

☐ A family member of a current patient ☐A family member of a former patient

☐ An interested community member

When did you or your loved one receive care at Winchester District Memorial Hospital? (Please check all that apply)

☐ 2012-present ☐ 2010-2012

☐ 2008-2010 ☐ Before 2008

☐ None of the above

What services did you or your loved one receive at Winchester District Memorial Hospital?

☐ Emergency visit ☐ Medical Hospitalization

☐ Surgical Hospitalization

☐ Childbirth ☐ Clinic Visit

☐ Rehabilitation ☐ Diagnostic Imaging

☐ Other (please specify) _____

I am interested in participating as a (please check all that apply):

☐ Committee member ☐ Occasional reviewer (working group)

☐ One-time participant (focus group) ☐ Hospital Committee member

For hospital committee work, please indicate areas of interest: _____

_____

Are you comfortable if we communicate with you (written and verbal) in English?

☐Yes ☐No

Why do you want to become a Patient and Family Advisor at Winchester District Memorial Hospital?

_____
_____
_____
_____
_____
_____
_____

What do you think you could contribute as a Patient and Family Advisor?

_____
_____
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_____

Please describe any experience you may have as a member of a team or committee through work or volunteering in the community:

_____
_____
_____
_____
_____
_____

Applications, questions and request for more information can be directed to:

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