Winchester District Memorial Hospital

Quality Committee Patient Representative Application Form

Winchester District Memorial Hospital (WDMH) supports a patient and family centred approach to health care. In accordance with WDMH's strategic goal of promoting equity and inclusion, we encourage applications from persons that identify as Indigenous, LGBTQ or as a member of a minority. To ensure our patients are at the centre of everything we do, we need to hear from them and their families!

The Quality Committee is a partnership between the Board of Directors, the WDMH Leadership Team and patients. Our goal is to improve the quality of care and patient experience.

It is expected that the Quality 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 Board of Directors with an annual report outlining the Committee's work.

Preferred Name: _____

Legal 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)

☐ 2015-present ☐ 2013-2015

☐ 2010-2013 ☐ Before 2010

☐ 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) ☐ Other (please describe)_____

_____

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

☐Yes ☐No

Why do you want to become a Quality and Patient Representative at Winchester District Memorial Hospital?

_____
_____
_____
_____
_____
_____
_____

What do you think you could contribute as a Quality and Patient Representative?

_____
_____
_____
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_____
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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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