Become a Patient, Family or Caregiver Partner

Please submit your Expression of Interest to the South West LHIN by Monday May 1 2017

By Email	By Fax	By Mail or In Person
Pauline Adams at Pauline.adams@lhins.on.ca	519-672-6562	South West LHIN 201 Queens Avenue Suite 700 London, ON N6A 1J1 ATTN: Pauline Adams

**We thank you for your interest and taking the time to complete this application.*

All applicants will be contacted as to status of your application.

If you have any questions please call Pauline Adams 519-640-2565.

Expression of Interest

The South West Local Health Integration Network (LHIN) is **seeking members of the public** to participate on committees working to provide coordinated and comprehensive care for patients and family.

The South West LHIN is a crown agency responsible for the planning, integration and funding of nearly 200 health service providers including hospitals, long-term care homes, mental health and addictions agencies, community support services, community health centres, Aboriginal health centre and the South West Community Care Access Centre. The South West covers an area from Lake Erie to the Bruce Peninsula and is home to almost one million people.

To provide coordinated and comprehensive care for patients, the LHINs now have a stronger role in creating more effective service integration and greater equity. The LHIN has long recognized that listening to patients and their families and their stories can lead to improvements within the healthcare system. Following the passage in December 2016 of the *Patients First Act*, **the LHIN is now creating new committees with a stronger patient/family/caregiver voice that can advise the LHIN on system-wide priorities and drive change locally.** The groups include

- a *Patient and Family Advisory Committee,*
- the *Health System Renewal Advisory Committee,* and
- *an integration table* in each sub-region geography.

The South West Local Health Integration Network **(LHIN)** is currently seeking members of the public to offer their perspectives on health care as **patients, family members, and caregivers.** This is a **volunteer role.**

Anyone who has been a patient, a caregiver, or a family member of a patient, and who lives within the South West LHIN geography can apply to be considered for membership. To apply, anyone interested must complete and submit this Expression of Interest.

Commitment requested

Each Patient, Family or Caregiver Partner selected will be expected to participate at the sub-region integration table meeting within your geography area. In addition to participating in the local sub-region integration table, Partners would be expected to participate on one LHIN-wide regional committee, either the Patient and Family Advisory Committee **or** the Health System Renewal Advisory Committee.

1. The Patient and Family Advisory Committee will meet twice each year.
2. The Health System Renewal Advisory Committee will meet four times each year.
3. The sub-region integration tables will meet monthly.

Meetings will be held in person, with consideration for teleconference or other electronic method available as needed. The South West LHIN will work to consider an individual's interest when matching them to one of the LHIN-wide regional committees.

Benefits of joining

These groups are a great way to help shape what quality care looks like in your community and the South West LHIN. Through this opportunity, you will share your experiences and ideas on aspects of the health care system that impact your experience and outcomes. We want to hear what matters to you and your community.

You will work with and learn from a tremendous group of peers from across the South West LHIN area. You will build your listening and speaking skills as you share your own experiences and ideas. You will also get to learn a great deal about the health care system and different initiatives designed to improve care.

Support for your participation

Partners will be supported so that they may be an engaged and effective volunteer, including:

- Covering the costs of travel, meals, lodging and caregiver costs
- Providing background information and learning materials
- Offering support in using online communication tools
- Matching each Partner with a health service provider to help with logistic aspects of meetings to facilitate your full participation in meetings.

The South West LHIN will continue to monitor and align to provincial direction and policy around reimbursement for patient, family and caregiver participation in committees.

If you are concerned about potential barriers to participating, please contact Pauline Adams at the South West LHIN at 519-640-2565. We are committed to assisting all members so that they can participate successfully, and will do our best to accommodate your needs.

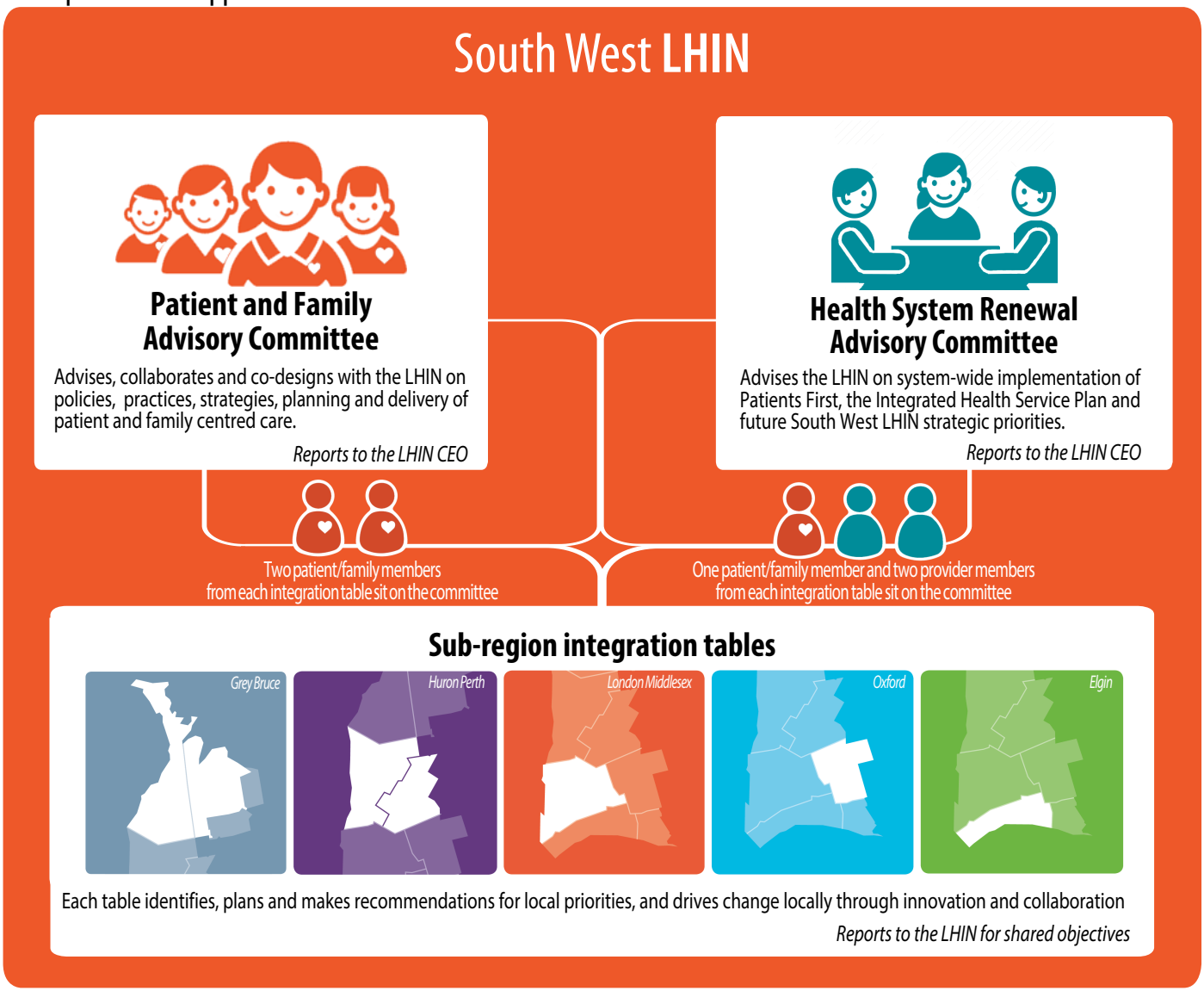
Background

These new groups covered under this Expression of Interest create a formal partnership between patients and families and the LHIN.

LHINs have also identified smaller geographies within their boundaries called sub-regions that will be the focal point for integrated, local planning and service management and delivery. Sub-regions have been in place informally in LHINs for many years and they are now being formalized. They will be the avenue for local improvement and innovation with the common objective of improving the patient experience. The groups will also support local work to improve the health, wellness, patient experience, and value for money for residents in each sub-region.

The Ministry of Health and Long-term Care is also recruiting members of the public to be a part of the provincial Patient and Family Advisory Council. This council will give advice to the Ministry on key health policy issues. It is made up of 15 members through an open public process and will represent all of Ontario. This Expression of Interest for the Patient and Family Advisory Committee is only for the South West LHIN. More information on the provincial Council is available online at pfac-ccpf.ca

Groups that will support *Patients First*



Groups that will support Patients First in the South West LHIN

**Full details are included in each Committee's terms of reference (attached)*

1. Patient and Family Advisory Committee

The committee will **advise, collaborate and co-design** with the South West LHIN, including its leaders and staff, about health system policies and practices. This work includes co-designing the broader patient engagement strategy from the planning stages through to the delivery of patient and family-centred care within the South West LHIN.

Key Roles

- Develop a collective vision of patient and family-centred care
- Establish a strategy to increase meaningful patient engagement, and advance the culture of patient and family-centred care within the South West LHIN
- Identify opportunities for improving quality of care in the South West LHIN
- Co-design strategies to actively partner with patients in designing, planning and improving healthcare services
- Develop draft policies or position papers that support policy change and champion patient and family-centred care
- Co-design communications that will go to the public
- Review evaluation methods to help define success of system improvements

2. Health System Renewal Advisory Committee

The committee will advise the LHIN on system-wide implementation of Patients First, the Integration Health Service Plan and future South West LHIN strategic directions. Some patient and family partners from the sub-region integration tables will also be members on the Health System Renewal Advisory Committee

Key functions: What work will this committee do?

- Champion equitable access to and availability of necessary health care services
- Provide system and operational advice, insight and recommendations to the LHIN leadership team and sub-region integration tables
- Provide advice on regional programs and how they interact with sub-regions

- Provide guidance for developing and adopting standardized methods of health care delivery
- Identify opportunities and challenges to standardize sub-region processes to support LHIN-wide programs
- Share information on the progress/ challenges of individual sub-regions
- Identify change initiatives within sub-regions that should be optimized and spread across all sub-region

3. Sub-region integration tables

Each table identifies, plans and makes recommendations for local priorities, and drives change locally through innovation and collaboration.

Key functions

- Enable, enhance and champion collaboration between patients, providers and other system stakeholders
- Establish sub-region priorities for improvement in line with Patients First and the Integrated Health Service Plan
- Ensure local priorities include consideration of Francophone and Indigenous people in the sub-region
- Ensure local alignment with LHIN-wide programs
- Work together to reduce duplication and integrate services
- Foster an environment of shared responsibility
- Leverage current communication and reporting structures to share information

Terms of Reference

South West LHIN Patient and Family Advisory Committee

Background

The South West Local Health Integration Network (LHIN) has long recognized that listening to the patients and their families and their stories can lead to improvements within the health system. The committee is a formal partnership between patients and families and the LHIN.

The LHIN has adopted the Health Quality Ontario's framework on provincial patient engagement to guide the patient engagement strategy for the South West LHIN.

Guiding Principles – *'Our Moral Compass'*

The work and decisions of the Patient and Family Advisory Committee will be grounded by the following guiding principles:

- Person and caregiver centred
- Equitable and aligned to what specific populations need
- Integrated across sectors and systems
- Borderless access to care
- Trust and respect among partners
- Transparency
- Sustainability

The **overall aim of the** Patient and Family Advisory Committee is to improve:

- Health, wellness
- Patient experience and outcomes, as well as
- Value for money.

Function and Role *(How will they do their work?)*

The committee will advise, collaborate and co-design with the South West LHIN, including its leaders and staff, about health system policies and practices, as well as strategy, planning and delivery of patient and family-centred care within the South West LHIN.

The committee's key roles include:

- Developing a collective vision of patient and family-centred care
- Establishing a strategy to increase meaningful patient engagement, and advance the culture of patient and family-centred care within the South West LHIN
- Identify opportunities for improving quality of care in the South West LHIN
- Co-designing strategies to actively partner with patients in designing, planning and improving health care services
- Developing draft policies or position papers that support policy change to support patient and family-centred care
- Co-designing communications that will go to the public
- Reviewing evaluation methods to help define success of system improvements

Reporting Relationship *(Who are they accountable to?)*
The committee represents a partnership with the South West LHIN. Members are expected to contribute to the committee's work based on their professional and/or personal perspectives as patients, family members of patients, or patient caregivers. The committee reports to the CEO of the South West LHIN.

Membership (*Who belongs and what are they responsible for?)*
The committee will include representatives with a diversity of lived experiences within the South West LHIN from the five sub-regions and with insights on the committee's responsibilities and opportunities.

Specifically, membership will include:

- Two patient or family advisors from each sub-region in the LHIN where members will have cross-membership at the LHIN's sub-region integration tables
- Two patient or family advisors from quality improvement initiatives in the LHIN that are large scale and cross-sector
- South West LHIN CEO and other LHIN supporting staff
- A member from provincial patient advisory council(s)

The committee may seek input from a wider group of subject-matter experts. Members will have links to the sub-region integration tables and the Health System Renewal Advisory Committee through cross-membership. Members will seek advice and share information with these groups as appropriate.

Recruitment (see Appendix A – under development)

Appointment term
Members can be appointed to a term up to 3 years, with a blend of new and experienced members being ideal. Members that miss three consecutive meetings without sending regrets will be approached by a Co-Chair regarding their continued involvement. Members may withdraw at any time and by any means (e.g. written or verbal).

Patient/family advisor Characteristics

- Has received care in the past five years within the South West LHIN
- Ability to represent patients and / or families effectively when engaging with all health system partners, including community members
- Ability to provide constructive advice, and manage diverse and differing opinions with respect
  Are responsible for:
- Attending and actively participating in committee meetings
- Seeking input from, and relaying information to the LHIN's sub-region integration tables and/or the Health System Renewal Advisory Committee as well as respective community partners
- Ensuring privacy and confidentiality

Meetings
The committee will be co-chaired by a LHIN senior leader and one representative member selected by the committee. At least 50 per cent of members must be present for quorum.

Meeting frequency

Meetings will take place twice each year or at the call of the co-chairs. Meetings will be held in person, with consideration for teleconference or other electronic method available as needed. (The committee's records are subject to the *Freedom of Information and Policy Act* and are governed by South West LHIN's Records Retention Policy)

LHIN staff will support the co-chairs by:

- Set the agenda for meetings, co-lead meetings
- seek approval of and distribute previous minutes
- Develop key messages / recommendations from the meetings to be shared
- Create an annual report of the committee's activities
- Ensure that the committee's work aligns with its scope, and that work is relevant and meaningful to all members
- Support team building and respectful conflict management (including managing or mitigating risks associated with conflicts of interest)
- Represent the committee and its work to various audiences, as required

Decision-making

Group recommendations /advice will be made by consensus. Consensus is defined as group-decision making where members develop and agree to support a decision in the best interests of the whole based on the information available, viewpoints presented, and discussions related to that decision.

Review of terms of reference

The committee will review these terms of reference every two years, or when required, and approve any revisions.

Health System Renewal Advisory Committee Terms of Reference

Guiding Principles – *'Our Moral Compass'*
The work and decisions of the Health System Renewal Committee will be grounded by the following guiding principles:

- Person and caregiver centred
- Equitable and aligned to what specific populations need
- Integrated across sectors and systems
- Borderless access to care
- Trust and respect among partners
- Transparency
- Sustainability

The **overall aim** of the Health System Renewal Advisory Committee is to improve:

- Health, wellness
- Patient experience and outcomes, as well as
- Value for money.

Function and Role *(How will they do their work?)*
Through cross representation and reporting mechanisms, the Health System Renewal Advisory Committee will be connected to the sub-region Integration Tables and the Patient and Family Advisory Committee. The Health System Renewal Advisory Committee will advise the South West Local Health Integration Network (LHIN) on system-wide implementation of Patients First and the South West LHIN's Integrated Health Service Plan (IHSP) 2016-19 and future South West LHIN strategic directions

Actions and Deliverables *(What work will they do?)*

- Champion equitable access to and availability of necessary health care services
- Provide system and operational advice, insight and recommendations to the South West LHIN leadership team and sub-region integration tables
- Provide advice on regional programs and how they interact with sub-regions
- Provide guidance for developing and adopting standardized methods of delivery (e.g. quality based procedures, order sets, clinical pathways, service protocols)
- Identify opportunities and challenges to standardize sub-region processes to support LHIN-wide programs across the LHIN and within sub-regions (e.g. to support seamless transitions of care)
- Share information on the progress/ challenges of individual sub-regions
- Identify change initiatives within sub-regions that should be optimized and spread across all sub-regions e.g. sub-region local performance improvement plans to help achieve primary care goals

- Identify opportunities for collaboration across sub-regions that will improve quality of patient care and equity in patient care
- Advise on resource allocation to decrease variation and increase equity
- Recommend performance measures
- Monitor system level and sub-region performance for progress and variation
- Provide guidance to sub-region integration tables on implementation plans

Reporting Relationship *(Who are they accountable to?)*
The Health System Renewal Advisory Committee is accountable to the LHIN CEO for fulfilling the Terms of Reference and advisory to the LHIN regarding the implementation of Patients First.

Membership (*Who belongs and what are they responsible for?)*
The Health System Renewal Advisory Committee will consist of 15 – 18 members who are leaders in their communities and represent the cultural, linguistic and geographic diversity of the South West LHIN. The committee will be co-chaired by a LHIN Vice President (other than Vice President – Home and Community Care and a patient or family representative.

- 2 representatives from each sub-region integration table that are providers (with intent to represent both geography and sector)
- 1 patient/family representatives from each sub-region integration tables
- At least one additional patient/family representative from regional programs
- Indigenous representative (from South West LHIN Aboriginal Health Committee)
- French Language representative (from Erie St. Clair/South West French Language health planning Entity)
- Non health representative(s) with a regional view & social determinants of health perspective
- Specific content representatives, representative may be added for time-limited direct input based on knowledge and experience required by the committee (e.g. regional representative, patient with specific lived experience or patient engagement expertise)
- LHIN Vice President – Home and Community Care
- LHIN CEO – ex officio

<u>Recruitment (see Appendix A – under development)</u>

<u>Provider Member Skills and Characteristics</u>

- Executive level position or is a respected leader and communicator within own organization
- Recognized as a leader and a system thinker
- Recognized as a system communicator
- Broad knowledge of the South West LHIN in respect to health care, social services, political priorities
- Broad knowledge of the health care system
- Broad knowledge of the determinants of health
- Understands and champions efforts to address equities in health care
- Committed to improving the health and wellbeing of the South West LHIN population

<u>Patient and Family Members Characteristics</u>
As per Patient and Family Advisory Committee

Appointment term

- Start-up - as part of the LHIN's appointment process, inaugural members will receive 3 or 4 year terms to accommodate for the initial time required to develop relationships, processes, tools, and plans. Initial terms will be staggered to ensure succession planning.
- Longer term - terms will be 3 years following the initial term.

Decision Making

Members may make decisions via consensus or by a vote of greater than 50%. Quorum is greater than 50%.

Meetings

To be determined as part of set-up (suggestion – 4x per year in person with monthly phone touch base)

Monitoring Performance (*How will they know they are making a difference?)*

- With a goal to ensure maintenance of performance throughout the transition, will monitor:
  - Avoidable hospitalizations for ambulatory sensitive conditions
  - Avoidable emergency visits best managed in primary care
  - 90th percentile wait times from community to CCAC in-home services
  - Alternative level of care rate
- To ensure continuing progress of sub-region development, will monitor sub-region progress along the journey to shared responsibility and clear accountability
- Over time, this committee will monitor the IHSP 2016 – 19 indicators as well as the system indicators for Patients First to ensure progress of actions
- Responsible to report on progress toward overall aim and improvement plan to the residents and staff of the South West LHIN

Appendix A – Ongoing Recruitment Strategy (in development)

Sub-region Integration Table Terms of Reference

Guiding Principles – *'Our Moral Compass'*
The work and decisions of the sub-region integration tables will be grounded by the following guiding principles:

- Person and caregiver centred
- Equitable and aligned to what specific populations need
- Integrated across sectors and systems
- Borderless access to care
- Trust and respect among partners
- Transparency
- Sustainability

The **overall aim** of the sub-region integration tables is to improve

- Health, wellness,
- Patient experience and outcomes, as well as
- Value for money

Function and Roles *(How will they do their work?)*

- Enable, enhance and champion collaboration between patients, providers and other system stakeholders
- Establish sub-region priorities for improvement in line with Patients First and the Integrated Health Service Plan
- Ensure local priorities include consideration of Francophone and Indigenous people in the sub-region
- Ensure local alignment with LHIN-wide programs
- Work together to reduce duplication and integrate services
- Foster an environment of shared responsibility
- Leverage current communication and reporting structures to share information

Actions and Deliverables (*What work will they do?)*

- Build trust among providers and the community
- Maintain a profile of the health and wellness status of the community
- Identify sub-region improvement opportunities, such as
    - Creating shared capacity
    - Integrating programs and services
    - Coordinating care
    - Standardizing approaches to care
- Develop common goals and an improvement plan for implementation of local strategies that align with sub-region priorities and LHIN-wide direction (Huron Perth Quality Improvement Plan is an example)
- Ensure coordinated care planning is strengthened and maintained

- Develop local targets to achieve overall aim
- Provide recommendations to the Health System Renewal Advisory Committee on
    - Priorities that cross geographies
    - Opportunities to leverage electronic and other enablers
    - Ways to achieve shared responsibility
- Responsible to report on progress toward overall aim and improvement plan to the sub-region residents and the Health System Renewal Advisory Committee
- Establish an agreement that will demonstrate shared responsibility between all partners

Communication (*How will they share information?)*

- Leverage local communication strategies that are effective
- Be innovative in the development of new communication strategies
- Align key messages with the South West LHIN's communication and engagement plan
- Distribute key messages in a timely, accurate, clear and objective manner
- Support each other to ensure capacity for sharing of key messages

Reporting Relationship (*Who are they accountable to?)*

- The sub-region integration tables are accountable to the LHIN CEO or delegate.

Membership *(Who belongs and what are they responsible for?)*

Sub-region integration tables will be supported by the LHIN sub-region Administrative Lead and Clinical Lead. Time-limited work groups may also be formed to support the work of the Sub-region integration tables. The tables will each consist of 10 to 15 members (tables with large populations and/or specific priority populations may increase to 18 members). The Chairperson will be initially be appointed from the membership by the LHIN. Overtime, the position will be elected by the members. Members will reflect the following perspectives:

- Addictions and mental health
- French Language Service representative (London/Middlesex)
- Hospital
- Home and community care
    - CCAC direct service functions
    - Community support services (start-up – CSS lead agency in sub-region, long-term - nomination)
- Indigenous representative (Grey/Bruce; London/Middlesex; Elgin)
- Long-term care
- Patients/Family/Caregivers (consider 3 per sub-region)
- Primary care administration
- Primary care clinical: (Start-up - sub-region Clinical Lead. Longer term - co-chairs of sub-region Primary Care Network)
- Public Health

Other perspectives to consider inviting based on priority are:

- Non health representative(s) with a regional view & social determinants of health perspective
- Specialists

Recruitment
Members will be appointed by the LHIN CEO and where appropriate, will be nominated by their peers. See Appendix 1 for details of ongoing recruitment strategies (under development).

Member Responsibility

- All members are responsible to actively contribute to achieving the overall aim
- Each member is responsible to work with their peers (patients, families, physicians, local and/or LHIN-wide providers) to collectively improve the system
- Local representatives on the Health System Renewal Advisory Committee and Patient and Family Advisory Committee are responsible for information flow between committees
- The sub-region Administrative Lead and Clinical Lead are responsible for
    - information flow to and from the LHIN, and
    - ensuring availability of local and LHIN-wide tools and resources to support work of the group

Appointment term

- Inaugural members will receive 3 or 4 year terms to accommodate for the time required to develop relationships, processes, tools, and plans
- Terms will be staggered to ensure succession planning
- Longer term - terms will be 3 years

Decision Making
Members may make decisions via consensus or by a vote of greater than 50%. Quorum is greater than 50%.

Meetings
To be determined during set-up (suggestion: monthly)

Accountability (*How will they move to shared responsibility?)*

- The LHIN is responsible to set and evolve the responsibilities of the sub-region integration tables
- The mechanism to support increasing shared responsibility and clear accountability will be to:
    - Initially focus on building relationships and processes
    - Evolve from communication and cooperation to being jointly responsible for integrating care
    - Sign a shared commitment statement to indicate agreement to work towards the overall aim and improvement plan priorities
    - Reflect the shared commitment statement in individual Service Accountability Agreements as local conditions
    - Consistently reflect the shared commitment statement in like organizations in each sub-region e.g. hospitals
    - Mature over time to a formal accountability agreement
- Individual members are also accountable to their own respective Boards, and Health Service Providers funded by the LHIN would be accountable to the LHIN, for both their own performance (sector specific) and their contributions to the shared improvement plan

Monitoring/Reporting (*How will they know they are making a difference?)*

The sub-region integration tables will use the Health Equity Impact Assessment as a tool to apply an equity lens as measures are developed.

Sub-region measures will

- Align to system level Patients First outcomes and the Integrated Health Service Plan
- Reflect areas where multiple sectors must contribute to realize improvement
- Evolve to include measures that reflect the overall objective of 'living well in the community'

To start, the sub-region integration table will review the following measures:

Overall Objective (sub-regions)	**While**	**Integrated Measures**
To support people to live well at home in their community, and if necessary provide right, most efficient level of care - *avoiding hospital use* where possible	*Living in the community*	Rate of hospitalization for ambulatory care sensitive conditions (per 100,000 people)
	In hospital	Alternate level of care rate
	Upon discharge from hospital	Hospital readmission rates within 30 days of leaving hospital for medical treatment *(new to include mental health and addictions)* Rate of follow-up with a doctor within seven days of leaving hospital by high users
	Other key cross sector quality measures	Cross sector outcome measures associated with Quality Standards (to be developed in coordination with Integrated Clinical Care Council)

See Appendix 2 (in development) for alignment of existing South West LHIN Integrated Health Service Plan interventions with the above noted areas.

A standard sub-region dashboard will be leveraged to support sub-region monitoring and improvement in the South West LHIN. It is anticipated that this dashboard will have a level of provincial standardization, local customization and evolve over time.

Appendix 1: Ongoing Recruitment Strategy (in development)

Appendix 2 Integrated Measures and the Integrated Health Services Plan (in development)

Privacy and confidentiality

Your privacy is important to us. The personal information collected when you express interest will only be used to contact you. The stories, experiences and ideas you share in committee meetings will be kept confidential. We will seek your consent before publishing any information that could identify you, such as your story or your picture. Your information will be retained only while you are an active member of the committees.

Membership selection process

Further information on the recruitment will be posted on the South West LHIN website, including a short video to on why the patient voice is important in healthcare planning and why would a patient, family or caregiver partner be interested in participating in a LHIN committee. Applicants that submit an expression of interest to the LHIN will receive an email to confirm we have received your information. After reviewing the applications, selected applicants will be invited for a meeting. A key consideration during the selection process will be recruiting members that represent the diversity of the population within the South West LHIN area.

Expression of Interest

Please submit your Expression of Interest to the South West LHIN by Friday May 1 2017.

By Email	By Fax	By Mail or In Person
Pauline Adams at Pauline.adams@lhins.on.ca	519-672-6562	South West LHIN 201 Queens Avenue Suite 700 London, ON N6A 1J1 ATTN: Pauline Adams

If you need help completing the form, please contact Pauline Adams at 519-640-2565.

Patient, Family or Caregiver Partner Applicant for the South West LHIN

Name _____

Home Address _____

Phone Number _____

Email _____

_____

Do you have any existing or previous experience as a patient, family or public advisory for any other health care organizations?

- ☐ Yes
- ☐ No

If yes, what groups were you a part of?

_____

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Which of the following perspectives would you like to represent for the purposes of our engagement opportunities? Please check all that apply.

- ☐ Patient, former patient or lived experience advisor
- ☐ Family member or caregiver (an unpaid individual who attends to the needs of a child or dependent adult)
- ☐ Interested member of the public

How would you like to be involved as a Patient, Family or Caregiver Partner? Please select all that are appropriate:

- ☐ **Committee membership**
  Join a committee to provide input based on your lived experience as a patient, caregiver or member of the public

- ☐ **Public speaking**
  Draw on your lived experience, participate in a panel discussion, teach in a training event, or present at a conference

- ☐ **Sharing your story (in print, in person or in video)**
  Teach and inspire by telling your stories

- ☐ **Discussion groups**
  Join others with similar experiences to share your insights and opinions about a particular topic or issue in health care

- ☐ **Surveys**
  Fill out questionnaires to help inform the South West LHIN and make recommendations on a matter

- ☐ **Document review**
  Provide your feedback from a patient, caregiver, and / or public perspective to help us improve our guides and reports

What type of health care services have you or the person you care for used? Please select all that are appropriate:

- ☐ **Primary care services**
  This could be your family doctor, nurse practitioner, your family health team or community health centre or aboriginal health access centre
- ☐ **Community care services**
  Services that helped you or the person you cared for stay home when was not feeling well. This could include meals on wheels, a personal support worker or nurse.
- ☐ **Rehabilitative therapy services after an illness or accident**
  Physiotherapy or occupational therapy services that you received to help you get back to participating in your everyday activities
- ☐ **Chronic disease programs and services**
  This could include things like self-management programs, diabetes education programs
- ☐ **Mental health and addiction services in your community**
  Services that you receive to help you with mental health and addiction issues.
- ☐ **Hospital services**
  This could include staying in the hospital, going the hospital for things like x-rays, blood tests, treatment)
- ☐ **Palliative care services**
  This could include a services that come to your home or a place that you would go to for hospice/palliative care

without sharing any personal health information, briefly describe your experience with the health care system and what unique perspective you would bring to the Committee.
(Note any comments here or attach on a separate page.)

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Optional:

Describe your skills / experience in any of the following areas

Please provide your experience/ involvement in any local committees or councils, indicate your role and how your participation advanced the agenda. Please include dates if possible.	
Experience sitting on a Health Care Advisory Council or Committee	
Experience providing advice to other planning entities	

Demographic Questions

It is important to ensure our engagement activities are reflective of the diversity of individuals and communities within the South West LHIN geography. The questions below ask you for some demographic information to help ensure we are reaching a broad cross-section of health system users. All questions are voluntary. This means you can skip questions at any time or choose “prefer not to answer.” There are no wrong answers and your answers will not affect your status with the South West LHIN. All details you share will be kept private.

What is your age?

- ○ 18-35 years old
- ○ 36-55 years old
- ○ 56-64 years old
- ○ 65-80 years old
- ○ 80 years or older
- ○ Prefer not to answer

Which of the following describes your present gender identity?

- ○ Woman
- ○ Man
- ○ Bigender
- ○ Transgender
- ○ You don't have an option that applies to me. I identify as _____
- ○ Prefer not to answer

What is your sexual orientation?

- ○ Bisexual
- ○ Gay

- ○ Heterosexual (Straight)
- ○ Lesbian
- ○ Queer (a term used by people who do not follow common sexual orientations)
- ○ Two-Spirit (a term used by Aboriginal people)
- ○ You don't have an option that applies to me. I identify as _____
- ○ Prefer not to answer
- ○ Do not know

What is the highest degree or level of school you have completed? If currently enrolled, highest degree received.

- ○ No certificate, diploma or degree
- ○ High school graduate, diploma or the equivalent (for example: GED)
- ○ Postsecondary qualification (for example, college, university, or trades certificate)
- ○ Graduate or professional education
- ○ Prefer not to answer

What was your total family income before taxes last year?

- ○ $0 - $29, 999
- ○ $30, 000 - $59, 999
- ○ $60, 000 - $89, 999
- ○ $90, 000 - $119, 999
- ○ $120, 000 - $149, 999
- ○ $150, 000 or more
- ○ Prefer not to answer

How many people does this income support, including yourself?

- ○ 1 (only supports myself)
- ○ 2
- ○ 3
- ○ 4
- ○ 5
- ○ 6
- ○ 7
- ○ 8
- ○ 9
- ○ 10 or more
- ○ Prefer not to answer
- ○ Do not know

Which of the following best describes the type of community that you live in?

- ○ Rural (population less than 1,000)
- ○ Small town (1,000 to 29,999 people)
- ○ Small city (30,000 – 99,999 people)
- ○ Mid-sized city (100,000 – one million people)
- ○ Large urban centre (over one million people)
- ○ First Nation Reserve Community
- ○ Do not know
- ○ Prefer not to answer

If you selected rural/small town/ First Nation reserve community, is the community "remote"? (For example, communities without year-round road access, or which rely on a third party, such as train/airplane/ferry, for transportation to a larger centre.)

- ☐ Yes
- ☐ No
- ☐ Do not know

Which of the following best describes your racial or ethnic group?

- ○ Asian - East (e.g., Chinese, Japanese, Korean)
- ○ Asian - South (e.g., Indian, Pakistani, Sri Lankan)
- ○ Asian - South East (e.g., Malaysian, Filipino, Vietnamese)
- ○ Black - African (e.g., Ghanaian, Kenyan, Somali)
- ○ Black - Caribbean (e.g., Barbadian, Jamaican)
- ○ Black - North American (e.g., Canadian, American)
- ○ First Nations
- ○ Indian - Caribbean (e.g., Guyanese with origins in India)
- ○ Indigenous/Aboriginal not included elsewhere
- ○ Inuit
- ○ Latin American (e.g., Argentinean, Chilean, Salvadorian)
- ○ Métis
- ○ Middle Eastern (e.g., Egyptian, Iranian, Lebanese)
- ○ White - European (e.g., English, Italian, Portuguese, Russian)
- ○ White - North American (e.g., Canadian, American)
- ○ Mixed heritage (e.g., Black- African and White-North American)
- ○ Other(s) (Please specify) _____
- ○ Prefer not to answer
- ○ Do not know

Which language do you most often speak at home?

- ○ English
- ○ French
- ○ Other (please specify) _____
- ○ Prefer not to answer

Were you born in Canada?

- ○ Yes
- ○ No
- ○ Prefer not to answer
- ○ Do not know

If no, what year did you arrive in Canada (e.g. 2011)?

[ ]

Do you require any accommodation to participate? If you prefer to be contacted directly or to discuss in person, please indicate.

_____

_____

_____

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Do you have any other comments to support your Expression of Interest to be a patient, family or caregiver partner? Is there anything that you would want us to know about you?
(Note any comments here or attach on a separate page.)

_____

_____

_____

_____

_____

In addition to completing the above, you may also attach a current copy of your resume (if applicable) for consideration.

Please submit your Expression of Interest to the South West LHIN by Friday May 1 2017

By Email	**By Fax**	**By Mail or In Person**
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