

VOLUNTEER POSITION:

Patient/Family/Caregiver Partner

Central West Ontario Health Team (CW OHT) Patient Family Advisory Council (PFAC)

DURATION: 2-year term with possible renewal

ESTIMATED TIME COMMITMENT: 3+ hours per month. More dependent on Working Group involvement.

PREAMBLE:

Join us to share your healthcare stories, opinions and lived experience to make a positive impact on healthcare in our community. Your experiences as a patient, caregiver, or family member are essential in shaping our healthcare initiatives and together we can create diverse and inclusive programs and services within the CW OHT.

ABOUT CW OHT:

The CW OHT was one of the first 24 Ontario Health Teams announced in Ontario to implement a new model of organizing and delivering health care that is more connected to individuals in their local communities. The CW OHT's current priority is older adults experiencing frailty.

Primarily serving the populations in Brampton, North Etobicoke, West Woodbridge, Malton and Bramalea, the goal of the CW OHT is to create one connected and coordinated team providing equitable, effective and efficient health care and related services to clients/patients, families and caregivers through all stages of life.

As part of the CW OHT PFAC, you will be part of a dynamic team of highly committed patient/family partners who work in collaboration with health care and community service providers as well as leaders across the continuum of care to pioneer a new approach to health care for one of the fastest-growing and most diverse regions in Ontario.

ABOUT CW OHT PFAC:

The CW OHT PFAC was initiated in October 2020 and included 12 members led by Patient/ Family/ Caregiver Partner Co-Chairs. PFAC is supported by an Executive Sponsor and a Coordinator who provide administrative support for the group.

The CW OHT PFAC functions in partnership with the CWOHT Collaboration Council. Early accomplishments include the development of a Patient Family Engagement Framework and Patient Family Caregiver Declaration of Values as well as feedback towards key Working Group initiatives related to: the *CW OHT's governance, COVID-19 pandemic, Equity, Diversity and Inclusion, and Digital Health*.

POSITION SUMMARY:

The individual selected for the position will be able to help change the healthcare system in the CW OHT region. Each member of PFAC uses their personal experiences to give feedback from the point of view of patients, clients, and families. They also share their volunteer and work experiences to help with important projects. PFAC is a group of volunteers with different backgrounds and specialties who want to make health care better for patients, families and providers.

KEY RESPONSIBILITIES:

Attend and participate in monthly CW OHT PFAC meetings as a regular and active member. Meetings are offered virtually but may transition to a hybrid (in-person and/or virtual) model. Each meeting will be 1.5 hours and is typically held during business hours;

- Become actively involved in Working Groups to further enhance your contribution and utilize your expertise and areas of interest. Depending on the Working Group, meetings are likely bi-weekly or monthly and are typically held during business hours;
- Share your story and perspective on behalf of all patients/clients and family/caregivers to inform key CW OHT initiatives, policy, planning, and strategic decision-making;
- Understand the PFAC mandate, work plan, and meet deliverables;
- Actively listen and contribute to dialogue, creative problem solving, and appreciate the views of others;
- Be a community ambassador by sharing positive CW OHT accomplishments; and
- Enact the Patient Family Caregiver Declaration of Values.

A SUCCESSFUL CW OHT PATIENT/FAMILY/CAREGIVER PARTNER is:

- Available, motivated and committed to the role;
- Received care or been a caregiver within the CW OHT region;
- Comfortable speaking in a group and interacting with others;
- Able to enact the role with empowerment and self-awareness that the voice of the patient/family/caregiver advisor matters;
- Aware that the role is as an advisor and partner versus advocate;
- Able to generate ideas and build consensus on differences of opinion;
- Able to maintain confidentiality of patient and organizational information; and
- Not in a position of employment within health care.

REIMBURSEMENT:

- PFAC members will be provided parking free of charge.
- Pending confirmation of funding from the Ministry of Health, PFAC members may be compensated for any other travel costs and receive an honorarium for the role as members as well as additional stipends for participation as Co-Chairs or additional working group membership.

APPLY NOW:

If this opportunity matches your interest and experience, please send your resume and cover letter to: Harleen Badesha. The CW OHT is committed to an inclusive, barrier-free process and providing equal opportunities to all applicants. If you require any accommodations, please contact us by email at harleen.badesha@williamoslerhs.ca or by calling 416 – 560 – 1396 between 9 AM and 5 PM on weekdays. We thank all applicants; there will be a follow-up as part of the engagement process.

Patient/Family/Caregiver Partner
Application Instructions
2022

INTRODUCTION:

As part of a commitment to place the needs of patients/clients first, the Central West Ontario Health Team (CW OHT) aims to engage and empower patients/clients, families, and caregivers in helping to shape their local system of healthcare.

Join us to share your healthcare stories, opinions and lived experience to make a positive impact on healthcare in our community. Your experiences as a patient, caregiver, or family member are essential in shaping our healthcare initiatives and together we can create diverse and inclusive programs and services within the CW OHT.

Patients/clients and family/caregivers who receive care or been a caregiver in Brampton, North Etobicoke, West Woodbridge, Malton, and Bramalea, and who are interested in guiding the direction of the CW OHT are encouraged to complete and submit an application for consideration.

Members of health service provider Boards, elected representatives, practicing health care professionals, paid employees of health charities, employees of companies in health industries, elected officials and employees of provincial and federal health ministries are **NOT ELIGIBLE** for membership.

Successful candidates will be required to provide a Vulnerable Sector Check and sign a Confidentiality Agreement.

Currently, meetings are virtual, held monthly for 1.5 hours and are typically held during business hours. Going forward, meetings will either remain virtual or resume as a hybrid of in-person and virtual meetings.

Free parking and refreshments will be provided for in-person meetings.

SUBMISSION INSTRUCTIONS:

If this opportunity matches your interest and experience, please send your resume, very brief cover letter, and application form to Harleen Badesha at harleen.badesha@williamoslerhs.ca

The CW OHT is committed to an inclusive, barrier-free process and providing equal opportunities to all applicants. If you require any accommodations, please contact us by email at harleen.badesha@williamoslerhs.ca or by calling 416 – 560 – 1396 between 9 AM and 5 PM. We thank all applicants. There will be follow-up communication with any applicant that will be offered an interview.



CW OHT PATIENT / FAMILY / CAREGIVER PARTNER APPLICATION

Full Name (First, Last):

Full Mailing Address:

Primary Phone Number:

Email Address:

Are you a paid employee of a health care related agency

- Yes
- No

If “yes”, please pause on completing the rest of the application as we are only looking for those candidates who do not have other means to make change within the health care system and related services. We thank you for your interest in wanting to be a volunteer and we encourage you to consider other volunteer opportunities.

Which of the following best describes you? Please check all that apply.

- I am a patient/client or former patient/client
- I am a family member of patient/ client that is receiving care or has received care
- I am caregiver of patient/client that is receiving care or has received care

What part of the health care system have you experienced? Please check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Assisted Living Services | <input type="checkbox"/> Hospice Palliative Care |
| <input type="checkbox"/> Community Health Centre | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Community Mental Health and Addictions Agency | <input type="checkbox"/> Long-Term Care Home |
| <input type="checkbox"/> Community Support Services Agency | <input type="checkbox"/> Primary Care (Family Physician/NursePractitioner) |
| <input type="checkbox"/> Home and Community Care | <input type="checkbox"/> Retirement Home |
| | <input type="checkbox"/> Other (Please describe): |



Without sharing any personal health information, briefly describe your experience with the health care system and what unique perspectives you would bring to being a PFAC member. Note your comments below or attach on a separate page.

Say more about what your hopes might be as an active member of the CW OHT PFAC and how you could contribute to create successful outcomes.

Please indicate your experience in the following areas. If “yes”, please provide a brief description of your background and experience.

Area of Experience	Yes or No	Description
Leading or participating in a formal committee, council or group	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Leading, participating or experiencing change management	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Being part of a decision-making process that required dialogue, listening and engaging with different opinions	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Interest and ability to be the voice of diversity within the CW OHT community	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Representative of a racialized or a marginalized population or a member of the Indigenous or French Language community	Yes <input type="checkbox"/> No <input type="checkbox"/>	



Central West

ONTARIO HEALTH TEAM

Please let us know if you require any specific accommodation needs in order to participate as a Patient/Family/Caregiver Partner.
