



Community Advisory Committee: Roles and Responsibilities

Role Description

The role of the Community Advisory Committee is to work in partnership with the Senior Leadership of the hospital to help HHHS advance patient engagement and patient-centered care principles and practices. This is an advisory role that will provide feedback on initiatives and programs that enhance, ensure and embrace the model of patient-centered care from the perspective of recipients, or potential recipients of HHHS programs. Committee members are expected to be objective and balanced in their approach.

Responsibilities

The activities of the Community Advisory Committee may include, but are not limited to, the following:

- provide feedback on the HHHS Communication and Engagement Plan
- Provide feedback for improving HHHS programs and services from the patient/family/client perspective
- Provide feedback on HHHS policies and planning initiatives as required

Members of the Community Advisory Committee must –

- be a patient, or a family member or caregiver of a patient, who has received care at HHHS or another healthcare facility, generally within the past three years;
- have an interest in gaining an understanding of Patient and Family Centered Care;
- be familiar with HHHS' mission, vision and values;
- be able to meet time commitments to attend meetings as scheduled; usually 7 per year, Thursday morning
- be able to provide own transportation to attend meetings, and/or participate via zoom
- be able to attend educational and orientation opportunities.

Haliburton Highlands Health Services Community Advisory Committee Expression of Interest

Thank you for your interest in collaborating with Haliburton Highlands Health Services (HHHS) as a member of the Community Advisory Committee. A Community Advisor is a person who has had a recent experience of being a patient, or is the family member of a patient, and is partnering with HHHS staff and physicians to provide direct input into policies, programs and practices that affect the patient experience.

If you are interested in becoming a Community Advisor at HHHS, please fill in this form and send it by email to mhenry@hhhs.ca

Alternatively, print the form and mail it to:

Haliburton Highland Health Services, Attn: Michel Henry
7199 Gelert Road
Haliburton, ON K0M 1S0

We will review and respond to your expression of interest within four weeks.

Date _____ Preferred Method of Contact: _____
First Name _____ Last Name _____
Address: _____
Telephone: _____ Email: _____

- 1) Have you been a patient, or a family member or caregiver of a patient, who has received care at HHHS Or another health care facility within the past three years? Yes No
- 2) In which municipality do you reside? Algonquin Highlands Dysart et al Highlands East Minden Hills
- 3) Briefly tell us why you are interested in becoming a member of our Patient, Family and Community Advisory Committee:

- 4) Are there particular programs, services or issues that you would like to help improve?

- 5) What unique attributes would you contribute to the Committee? _____

Please note the following:

- Submission of this expression of interest and/or being interviewed does not guarantee selection as a patient and Family Advisor.
- Must be 18 years of age or older.
- On acceptance, Community Advisory Committee members must submit the results of a criminal reference check.
- Community Advisors must sign a confidentiality agreement.