Orillia Soldiers' Memorial Hospital
170 Colborne Street West, Orillia ON L3V 2Z3
T (705) 325-2201 www.osmh.on.ca

Application Form
Patient and Family Advisor

OSMH Patient and Family Advisory Council (PFAC)

Please send completed application form via one of the following methods:

Email: patientcareservices@osmh.on.ca
Fax: (705) 325-7394
Mail: OSMH, 170 Colborne Street West, Orillia, ON, L3V 2Z3
Drop-off: Information Desk in Main Lobby of OSMH

Personal Information:

Name:			
Occupation:		Education:	☐ High school ☐ College ☐ University ☐ Post-graduate

Contact Information:

Address			
City:		Postal Code:	
Telephone:		Cellphone:	
Email:			

Preferred Method of Contact:

☐ Telephone ☐ Cellphone ☐ Email

Are you a:

☐ Patient (within past 3 yrs.) ☐ Family Member of a Patient (within past 3 yrs.)

Can you speak and read English?

☐ Yes ☐ No

Other language(s) you speak: _____

The care provided at OSMH was primarily as: (Check all the apply)

☐ Admitted Patient

☐ Clinic/Outpatient

☐ Emergency Department Patient

☐ Other

_____

Within the last 3 years, what services have you (or your family member) used? (Check all that apply)

☐ Urology
☐ Cancer
☐ Cardiac
☐ Intensive Care
☐ Medicine
☐ Endocrinology/Diabetes
☐ Renal/Kidney
☐ Respiratory
☐ Surgery
☐ Mental Health
☐ Pregnancy, Childbirth, Infant care
☐ Child & Adolescent Care
☐ Other (Please indicate): _____

Would you be comfortable sharing your experience with the Council in order to make improvements?

☐ Yes ☐ No

Why would you like to serve as an OSMH PFAC member?

_____

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What are some issues of special interest to you?

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Do you have any talents, gifts or skills that would be advantageous to the OSMH PFAC?

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Please specify the time when you are able to attend meetings:

☐ Daytime ☐ Evening
☐ In person ☐ Teleconference

I would be interested in helping with: (you may check more than one box)

☐ Reviewing patient and family satisfaction survey results
☐ Developing/Reviewing patient/family educational materials and website resources
☐ Planning for the out-patient experience
☐ Planning for the in-patient experience
☐ Planning for the emergency care experience
☐ Planning for hospital projects (space, directions, signage)
☐ Ensuring patient safety and the prevention of medical errors
☐ Educating students staff, physicians and volunteers about the experience of care

☐ Improving the coordination of care, discharge planning and the transition to home and community care

☐ Developing the uses for information technology, including electronic medical records

Are you currently a volunteer at OSMH?

☐ No ☐ Yes

Have you ever been convicted of a criminal offence for which a pardon has not been granted?

☐ No ☐ Yes (please provide details)

_____

_____

_____

_____

☐ I understand that, upon acceptance into an advisory position, OSMH requires that I submit the results of a criminal reference check (CRC) with the vulnerable sector search (18+ years old). More details are provided at the acceptance stage.

Are you currently or have you ever been involved in a legal challenge between you/your family and a hospital?

☐ No ☐ Yes (please provide details)

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_____

☐ I understand that submitting this application and/or being interviewed does not guarantee a position as a Patient & Family Advisor.

☐ I understand that prior to beginning as an advisor I must sign a Confidentiality Agreement and Code of Conduct pledge.

☐ I understand that as an advisor I will be accountable to OSMH and the Patient & Family Advisory Council.

I declare the above information to be true and complete to the best of my knowledge. I understand that a false statement may disqualify me or lead to my dismissal.

SIGNATURE: _____ DATE: _____