

Dear Community Member,

**RE: Community Engagement Council**

Thank you for your interest in the North Shore Health Network (NSHN) **Community Engagement Council (CEC)**. The CEC serves in an advisory capacity making recommendations on matters that impact the experience of patients and families using health services. The CEC will bring together individuals with a variety of experiences to:

* Act as the “voice of the patient” in planning and evaluating health care services.
* Participate in focus group interviews.
* Review draft patient education materials and relevant policies and provide feedback.
* Review the results of quality and safety improvement activities and provide feedback relating to the development of Quality Improvement Plans.
* Share in the experiences of a patient or family member in their health care journey.
* Collaborate and provide input into the NSHN annual budget process.

The CEC membership will include individuals from all communities within the NSHN catchment area. The CEC is tentatively scheduled to meet on the following dates in 2016/17:

* Monday October 3/16 @ 2:30 – 4:30 pm
* Monday December 5/16 @ 2:30 – 4:30 pm
* Monday February 6/17 @ 2:30 – 4:30 pm
* Monday May 8/17 @ 2:30 – 4:30 pm

Please send completed application packages no later than **4:00 pm on Friday September 9th, 2016** to:

NSHN Community Engagement Council

c/o Melanie Kubatlija, Executive Assistant

North Shore Health Network

525 Causley St. P.O Box 970

Blind River, ON POR 1B0

mkubatlija@nshn.care

We would like to acknowledge your interest in improving patient care experiences at the NSHN; however, we are limited in the number of representatives from each community in our catchment area sitting on the Committee at one time. Successful applicants will be contacted by **September 23, 2016**. Should you require any further information, please do not hesitate to contact myself or Melanie Kubatlija, Executive Assistant, at 705-356-2265 ext. 2601 or mkubatlija@nshn.care.

Sincerely,



Gaston Lavigne, CEO

705-356-2265 ext. 2601

glavigne@nshn.care



**CEC APPLICATION QUESTIONNAIRE**

|  |  |
| --- | --- |
| **Surname:** | **Given Name:** |
| **HOME ADDRESS** |
| \_\_\_\_\_# | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Street | \_\_\_\_\_\_\_Unit # | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/Town |
| \_\_\_\_\_\_\_\_Prov. | \_\_\_\_\_\_\_\_\_\_\_\_Postal Code | (\_\_\_\_\_\_) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_ (\_\_\_\_\_\_) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_Telephone Cell |
| **E-mail Address:** |
| **What is the best way to contact you?**🞏 Home # 🞏 Cell # 🞏 Email 🞏 Other: \_\_\_\_\_\_\_\_\_\_ | **When is the best time to contact you?**🞏 Days 🞏 Evenings 🞏 Weekends 🞏Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **I AM A….** |
| **I am a: *(Please 🗹)*:**🞏 Patient🞏 Family Member of a Patient🞏 Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**If you are a “PATIENT” please indicate the timeframe when you last received care at any NSHN site *(Please 🗹)*:**🞏 Less than 3 months. 🞏 3-6 months. 🞏 6 months – 1 year. 🞏 Greater than 1 year. 🡪 Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Which NSHN site did you visit? (please *🗹* all that apply): 🞏 Blind River Site 🞏 Richards Landing – Matthews Site 🞏 Thessalon Site   |
| **SERVICES UTILIZED** |
| Which department(s), have served you or your family member and approximately when? ***(Please 🗹 all that apply)***:

|  |  |  |
| --- | --- | --- |
| **Service** | ***🗹 if YES*** | **How long ago?** |
| Acute Care | 🞏 |  |
| Community Support Services | 🞏 |  |
| Dietitian | 🞏 |  |
| Emergency Department | 🞏 |  |
| Laboratory | 🞏 |  |
| Long-Term Care | 🞏 |  |
| Medical Imaging (X-Ray / Ultrasound) | 🞏 |  |
| Rehabilitation | 🞏 |  |
| Telemedicine Program | 🞏 |  |
| Visiting Specialist | 🞏 |  |
| Other (Please explain):  | 🞏 |  |

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| **APPLICANT QUESTIONNAIRE** |
| 1. **Why would you like to serve as a member of the NSHN Community Engagement Council?**
2. **What are some of the specific things that North Shore Health Network care providers do/have done to help you or your family members?**
3. **Based on your experiences, what are some of the things you would like to see NSHN do differently to better help other patients and families that receive care at North Shore Health Network sites?**
4. **What are some issues about health care that are of special interest to you?**
5. **Why should you be selected as a member of the Community Engagement Council?**
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| --- | --- |
| **Are you available during proposed meeting times (2:30 – 4:30 pm)?**  | 🞏 YES 🞏 NO |
| **Would you prefer attending in person at the Blind River site or via videoconference (OTN) at either the Thessalon or Richards Landing-Matthews sites?\******\*Note:*** *Travel costs for CEC members will be reimbursed according to the NSHN Travel Policy.* | 🞏 In-Person (Blind River Site) 🞏 OTN (Thessalon Site) 🞏 OTN (Richards Landing – Matthews Site)  |

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| **THANK YOU FOR YOUR APPLICATION!** |
| *All information contained on this form is considered confidential and is intended for use only by the NSHN CEC. All applications submitted will be kept on file for 2 years; however applications will only be reviewed when there are committee vacancies.*  |