

Patient Experience Advisor Application

Introduction:

Hotel Dieu Hospital has embarked on a journey to embed Patient & Family-Centred Care (PFCC) in all aspects of our business. The four core principles of PFCC include:

- Dignity & Respect
- Information Sharing
- Participation
- Collaboration (source: Institute for Patient & Family-Centered Care)

Patient Experience Advisors are **champions** and **advocates for PFCC** at Hotel Dieu Hospital.

Patient Experience Advisors will have experiences as patients and/or as family members¹ of patients who have received care at Hotel Dieu Hospital (HDH) within the previous 5 years. Normally, Patient Experience Advisors will be permitted to continue in this role as long as they have had direct experiences with HDH as patients/family members within the previous 5 years.

Patient Experience Advisors are representatives of HDH patients and families. They provide opportunities for Hotel Dieu Hospital to hear and act upon patient/family perspectives and ensure a connection with patients/families. They support our quality initiatives within the hospital. Patient Experience Advisors will provide significant input and perspectives to ensure that the model of PFCC is implemented and evaluated at Hotel Dieu Hospital in a meaningful way. While it is not a requirement that Patient Experience Advisors have had a positive experience with the organization, they must be enthusiastic about HDH's future goal to be a leader in PFCC.

Interview:

All applications will be reviewed by a selection committee in advance of scheduling a short interview with a qualified candidate. The interview will provide an opportunity for the hospital to provide additional information about the role and expectations of a Patient Experience Advisor, to ask any questions related to the application, and to answer any questions from the candidate. **While we appreciate candidates' interests, submission of an application and/or granting of an interview does not guarantee selection.**

Orientation and Evaluation:

Those Patient Experience Advisors who are selected will be required to participate in orientation, to sign a statement of undertaking and to sign a confidentiality agreement. Patient Experience Advisors will be asked annually to complete an assessment of their experiences so that the organization can identify any barriers to success and implement corresponding improvement strategies where appropriate.

¹ Family is defined in its broadest sense and could include bonds of common ancestry, shared household, romantic attachment, child-rearing, or bonds created through friendship & commitment

Application:

Please complete the following information. This document can be provided in large print format and/or reviewed in person upon request. This information will remain confidential. *Aussi disponible en français.*

Applicant's Name: _____

Address, including postal code: _____

Telephone Number (day and evening): _____

Email address: _____

- 1) Have you been a **patient** or **have you accompanied a family member** to Hotel Dieu Hospital for care in the past five (5) years? () Yes () No

- 2) Please list **the areas of the hospital** you have been to as a patient or family member within the past five years? (e.g. Urgent Care Centre, Eye Clinic, etc.)

- 3) Please tell us a little bit **about your experiences** at Hotel Dieu Hospital.

- 4) Please tell us one or two things that you think have **worked well** when you have come to Hotel Dieu Hospital as a patient or family member.

- 5) Please tell us one or two things that you think **we could improve upon at** Hotel Dieu Hospital from your perspective as a patient or family member.
 - a. When considering your answer to question 5, what would you recommend to improve the situation?

- 6) Why are you **interested** in becoming a Patient Experience Advisor?
- 7) What **contributions** will you bring to the role of Patient Experience Advisor?
- 8) If selected, are you able to **commit** to this role for at least one year?
 Yes No
- a. Are you planning any prolonged absences from Kingston this year? (e.g. travel South during winter) If so, please indicate the anticipated time-frame during which you will be away. (Note: this does not automatically disqualify you from consideration)
- 9) Please check one or more **times of day** that is/are best for you to participate in activities or meetings at Hotel Dieu Hospital:
 Morning Afternoon Evening
- 10) Are there any **particular activities** that you would prefer to be involved in? (e.g. sitting on a quality committee, participating in the Patient & Family Council, doing public speaking, working on special projects, attending staff orientation, participating in hiring committees, etc.)
- 11) We are committed to being accessible. Do you wish to share any information with us about any **special needs** you would like us to be aware of?
- 12) Do you wish to add additional information or comments?

Please sign and date this application form and return it to:

**Chief of Public Relations & Community Engagement
Jeanne Mance Room 646
Hotel Dieu Hospital
166 Brock St.
Kingston, ON K7L 5G2**

Applicants who are selected for an interview will normally be contacted within 30 days of submission of the application form.

I, the undersigned, understand that by submitting an application form and/or being selected for an interview do not guarantee me a position as Patient Experience Advisor.

Signature: _____ **Date:** _____