

The Office of Patient Experience

Patient and Family Partner (PFP) Intake Form

Patients and Family Partners (PFPs) play a crucial role in defining quality and value in care at Trillium Health Partners (THP). PFPs are valued members of the THP family, volunteering their lived experience and insights to keep us focused on what really matters to patients and their families. By integrating patient and family perspectives into the co-design, planning, delivery, and evaluation of care, we enhance safety and quality and ensure that we are a learning organization.

Active participation in initiatives, committees, projects, focus groups, and surveys ensures PFPs' voices are heard at decision-making tables, providing insight into community needs. This inclusive approach emphasizes collaboration and community involvement in shaping programs, policies, and practices for a healthier, sustainable future, ultimately improving outcomes and experiences for all.

PLEASE PRINT

First Name:	
Last Name:	
What name do you prefer to be called?	
What is your preferred pronoun? e.g. she/her, him/he, they/them	
Email Address:	
Phone number:	
What method of contact do you prefer?	<input type="checkbox"/> Phone <input type="checkbox"/> Cell <input type="checkbox"/> Email
What is the best time to contact you?	<input type="checkbox"/> Morning 9:00 a.m. - 11:30 a.m. <input type="checkbox"/> Afternoon 12:00 p.m. – 5:00 p.m. <input type="checkbox"/> Preferred Time: _____
Are you comfortable reading and speaking in English?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other. Please specify: _____

What languages other than English do you speak, and what is your level of fluency or understanding in each?	
I am applying as a Trillium Health Partners (THP):	<input type="checkbox"/> Current or former patient (receiving care within the last 5 years) <input type="checkbox"/> Parent/Caregiver <input type="checkbox"/> Other. Please specify: _____

1. In which part of the hospital have you experienced care? (e.g., outpatient diabetic clinic, inpatient emergency department)

2. Please describe why are you interested in being a Patient and Family Partner (PFP) at THP?

- 3. Please describe any of your experiences that you think will help you in the PFP role. This could include work, volunteer, and health care experiences as a patient/caregiver at THP or elsewhere in the community. Please feel free to share examples of your experience and skills or any of your other volunteer involvements.**

- 4. The role of a PFP is to collaborate on issues across the hospital broadly to suggest improvements in care. Describe how you would use your individual experience to suggest broader improvement in care.**

- 5. Please describe if you are comfortable working in groups, speaking up, and providing input. Examples can be provided. If not, please indicate any supports that could help with your participation.**

6. Please describe any parts of the hospital that you would be interested in contributing to (eg. Cardiac, Surgery, Women & Children’s, Emergency, etc).

7. If you have received renal or oncology care, there are specific Patient and Family Advisory Councils for these areas. Please indicate if you would be interested in joining.

<input type="checkbox"/> Oncology PFAC (meets third Wednesday of every month 5:30- 7:00 p.m.)	<input type="checkbox"/> Renal PFAC (meets once every 3-months in, April, June, October, January 6:00 p.m.- 7:30 p.m.)
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DEMOGRAPHIC INFORMATION

The purpose of collecting demographic information is to help ensure the program reflects the diverse community that THP serves.

While completion of these questions are optional, collecting demographic information provides us with insight about the diversity of our PFP membership. It helps us identify underserved groups or communities so that we can take intentional steps to purposefully recruit and bring those voices to the table.

8. Age range:

<input type="checkbox"/> 18-25	<input type="checkbox"/> 26-30	<input type="checkbox"/> 31-64	<input type="checkbox"/> 65+
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9. To which gender identity do you most identify (more than one may apply):

Genderfluid or genderqueer, Man, Nonbinary, Transgender man, Transgender woman, Two-Spirit, Woman, Questioning or unsure, another gender identity (please specify)
 I prefer not to answer.

10. People living in Canada come from many diverse cultural and racial backgrounds. The following question will help us to better understand the experiences of the communities that we serve. Do you consider yourself:



First Nation, Inuit, Métis, Indigenous/Aboriginal, Arab, Black (North American, Caribbean, African, etc.), Chinese, Filipino, Japanese, Korean, Latin American, South Asian (East Indian, Pakistani, Sri Lankan, etc.), Southeast Asian (Vietnamese, Cambodian, Malaysian, Laotian, etc.), West Asian (Iranian, Afghan, etc.), White (North American, European, etc.), Other (please specify)

11. How did you hear about us? (e.g., brochure, website, story, word of mouth, patient relations process)

By filling out this form to request to join our Trillium Health Partners Patient and Family Patient program, you confirm that you have had experience at THP as an inpatient or outpatient and agree to receive emails from our program about opportunities to participate in various projects, initiatives, focus groups, and/or committees. Please note that some of these activities may involve an interview process.

If you would like to unsubscribe, please contact patientfamilypartners@thp.ca

Thank you for completing this intake form. We will contact you using your stated preferred contact method. Please allow up to 5 business days for a response. Please review the privacy statement below, sign the intake form, and return it via email to patientfamilypartners@thp.ca

Signature:	Date:
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Privacy Statement

We protect the privacy of your personal information as required by Ontario's Freedom of Information and Protection of Privacy Act (FIPPA) and other relevant laws.



Trillium Health Partners (THP) collects personal information in accordance with section 38(2) of FIPPA.

The personal information submitted through this form will be received and stored by THP. Filling out this form means you consent to have THP collect and store your personal information so we can share updates about our organization and invite you to participate in partnering opportunities.

We will only use your personal information to contact you to share updates about our program, our organization and to tell you about engagement opportunities.

We will not disclose your personal information to any third parties.

If you have any questions about how we collect and use your personal information, please contact:

Mark Weir
Director, Patient Experience
Telephone: 437-993-6595
Email: Mark.Weir@thp.ca