	POLICY Number: 7311-20-016 Title: Client, Family and Community Member Engagement
Authorization [] President and CEO [X] Vice President, Finance and Corporate Services	Source: Vice President Lead, Client and Family Centered Steering Committee Cross Index: Date Approved: August 7, 2009 Date Revised: November 1, 2012 Date Effective: November 30, 2012 Date Reaffirmed: Scope: SHR

Any PRINTED version of this document is only accurate up to the date of printing. Saskatoon Health Region (SHR) cannot guarantee the currency or accuracy of any printed policy. Always refer to the Policies and Procedures website for the most current versions of documents in effect. SHR accepts no responsibility for use of this material by any person or organization not associated with SHR. No part of this document may be reproduced in any form for publication without permission of SHR.

DEFINITIONS

Client means a person who experiences services provided by SHR.

Client and Family Centered Care (CFCC) put clients and family members at the center of all we do together. Client and Family Centered Care embrace respect and dignity, collaboration, information sharing and meaningful participation.

Family means individuals who are connected by kinship, affection, dependency or trust; family is defined by the client.

Participant means a client/family member or any member of the public who wishes to be involved in SHR committees, teams and projects. There are five types of participants in the Saskatoon Health Region.

TYPES OF PARTICIPANTS

One-Time Contributor means a client/family member or any member of the public whose participation is of a one-time nature such as a response to a survey or other evaluation activities (i.e. focus group) or an individual asked to speak on a one time occasion for educational purposes about their experience with the health care system.

Occasional Reviewer means an individual(s) asked to review or discuss specific issues or topics based on their experiences in the system. Depending on the activity the client/family or member of the public may review and advise in person, through email, or an interactive online forum, over the telephone, or in a written format. Examples include but are not limited to participation in a short-term, working group or a capital design working group. Long term care resident advisory council members and clients and families participating in Rapid Process Improvement Workshops (RPIWs) and 3P LEAN Events are classified as occasional reviewers.

Client/Family Advisor means an individual acting as a resource to the region, a department, or other collaborative team by providing feedback, guidance and support based on their experiences as a client/family. The individual plays an active and continuous role by

participating in regularly scheduled advisory council meetings, staff education and/or quality improvement projects.

Community Member means an individual acting as a resource to an initiative; as a member of an advisory board/council. The community member is asked to bring forward the perspective of the community to which they belong.

The community member assists in the planning, implementation and evaluation of the project; and /or in partnership working towards a common goal. This could also be a health related goal identified by the community that is given in-kind support from SHR staff.

Co-Leader means facilitator, content expert, evaluator, faculty or author; represents a very high level of involvement and requires relevant skills and knowledge; previous work/education experience is valuable; community leadership experience may be considered; experience serving as an effective advisor with the practice or program can offset a lack of relevant professional/educational experience.

SHR staff means SHR employees, practitioner staff and/or professional staff.

1. PURPOSE

The purpose of this policy is to establish Saskatoon Health Region's (SHR) position regarding Client and Family Centered Care and to standardize SHR's approval, recruitment, registration, and orientation requirements for engaging client, family or community participants.

2. PRINCIPLES

- 2.1 SHR is committed to putting clients and families at the centre of care and service, recognizing them as integral members of our organizational team(s), and providing leadership in promoting, maintaining and evaluating Client and Family Centered Care.
- 2.2 Client/Family and community engagement is essential to the design and delivery of optimal health care services.
- 2.3 Sustained engagement and participation is essential to SHR's ability to respond to the real needs and concerns of those it is intended to serve.
- 2.4 SHR is committed to engaging individuals whom represent the diversity of the population we serve.

3. POLICY

- 3.1 SHR is committed to client/family and community involvement in SHR committees, teams and projects.
- 3.2 Vice-President/Director approval is required for the establishment of Advisory Councils, working groups and or committees which seek to engage Client/Family Advisors or Co-Leader roles.
- 3.3 One time Reviewers and Occasional Reviewers do not require approval.

- 3.4** Co-Leaders, Client/Family Advisors and Occasional Reviewers participating in RPIWs and/or 3P events are subject to a criminal record check at the expense of SHR.
- 3.4.1 The criminal record check must be dated within the past six months.
 - 3.4.2 The criminal record check must be obtained from a recognized law enforcement agency (i.e. RCMP or local police service).
 - 3.4.3 Any concerns with the criminal record check requires consultation with a SHR Staffing Consultant and the CFCC Specialist to determine appropriateness of the individual for the identified role.
- 3.5** Client/Family Advisors and Co-leaders shall serve on no more than two Advisory Councils at one time. This does not exclude these individuals from participating in one-time reviewer or occasional reviewer opportunities.

Recruitment

- 3.6** SHR will recruit participants in an open, fair and equitable manner seeking to include individuals of both genders as well as to be reflective of the diversity of population we serve with regards to age, culture and or race.
- 3.6.1 Recruitment may be formal or informal and should be customized to the needs, values and preferences of the participant as per their culture.
 - 3.6.2 Participants may self-identify with interest or may be invited to participate. All staff, physicians, volunteers and existing participants are encouraged to refer individuals. Recruitment materials such as posters, brochures or public advertisements may be used.

Registration

- 3.7** Registration with SHR, using the CFCC Registration Form (Appendix B) prior to participation is required for:
- 3.7.1 Occasional Reviewers
 - 3.7.2 Client & Family Advisors
 - 3.7.3 Co-leaders
- 3.8** One-time contributors and community members are not required to complete the registration form. Media Consent Form and/or SHR Confidentiality Agreement may be completed dependent on the engagement opportunity.
- 3.9** Staff shall work collaboratively with the client/family to determine the most comfortable method of completing the registration process. This may include:
- 3.9.1 The individual completing the forms at their personal leisure.
 - 3.9.2 The CFCC Specialist or designate or SHR staff member assisting the client/family with completing the forms at an in person, informal conversation or meeting.

Orientation

- 3.10** CFCC Specialist, Director or designate shall orientate the participant to the SHR team, committee or project. Orientation may include support/assistance from the First Nations and Metis Health department.

Limitation of Liability

- 3.11** Client/ Family Advisors and Co-leaders shall be covered by SHR liability insurance for the duration of their assignment with SHR.
- 3.12** Occasional Reviewers engaged in RPIW and/or 3P events shall be covered by SHR liability insurance for the duration of their assignment.
- 3.13** SHR reserves the right to terminate any relationship with a participant as a result of the following circumstances:
 - 3.13.1 Actions or conduct, which in the opinion of the Vice President Quality and Inter-professional Practice, Director Client and Family Experience & Safety and the most responsible designate are deemed as inappropriate.
 - 3.13.2 Failure of a participant to fulfill agreed upon obligations/commitments.

Honorariums

- 3.14** SHR shall provide honorariums for Client/Family Advisors and Occasional Reviewers engaged in RPIWs and 3P events as per standards approved by the provincial Council of CEO's.
- 3.15** Honorariums are provided in accordance with the Canada Revenue Agency regulations. The participant's social insurance number along with address must be submitted to Finance to be eligible for honorariums. If the participant does not have a social insurance number then their country of home residence address along with their country's tax identification number must be provided to Financial Services. In such cases finance will make the final determination whether the participant is eligible for honorariums.
- 3.16** Client/Family Advisors and Occasional Reviewers participating in a RPIW or 3P events who receive an honorarium will be required to complete the Honorarium Form (see Appendix E).
- 3.17** SHR honorariums will be provided to Client/Family Advisors at a rate of \$200.00 per full-day (pro-rated hourly).
- 3.18** SHR honorariums will be provided to Occasional Reviewers participating in RPIW and 3P events at a rate of \$200.00 per full-day (pro-rated hourly.)
- 3.19** The honorarium is inclusive of mileage reimbursement and all other expenses, excluding hotels.
- 3.20** Honorariums are not required for Occasional Reviewers and One-time Contributors.
 - 3.20.1 A token of appreciation or payment of any expenses occurred is at the discretion of the Vice-President, Director, CFCC Specialist or designate for consideration on a case by case basis. A token of appreciation may include a thank you card, gift card or other gift item.

4. ROLES AND RESPONSIBILITIES

4.1 CFCC Specialist, Vice-President, Director or designate

- 4.1.1 Determine where involvement of participants would benefit the portfolio/department and determine the type of participant needed.
- 4.1.2 Establish the roles and expectations of participants prior to engagement. Determine the skills and qualifications required to meet the department/portfolio need.
- 4.1.3 Recruit, register and orientate participants.
- 4.1.4 Communicate to participant expectations of their involvement.
- 4.1.5 Orientate participants to the team, committee or project and provide on-going coaching and support as needed to ensure the participant remains engaged.

5. POLICY MANAGEMENT

The management of this policy including policy education, monitoring, implementation and amendment is the responsibility of Client and Family Centered Care Specialist based on the direction of the Client and Family Centered Care Steering Committee.

6. NON-COMPLIANCE/BREACH

SHR staff that engage members of the public, clients and/or family members in SHR operations outside the parameters of this policy puts SHR at varying degrees of risk. Non-compliance with this policy will result in a review of the incident by the Vice President, Quality and Interprofessional Practice, Director of Client and Family Experience and Safety and, the Client and Family Centered Care Specialist. Repeated non-compliance may result in disciplinary action, up to and including termination of employment and/or privileges with SHR.

7. REFERENCES

Framework for Patient and Family Involvement in Quality Improvement. Institute for Family Centered Care 2005

Selecting, Preparing and Supporting Patient and Family Advisors in Primary Care, Institute for Family Centered Care 2005

The Health Information Protection Act, Government of Saskatchewan

Media Consent Form, Saskatoon Health Region, Communications

Visual Identification Guide, Saskatoon Health Region, Communications

PROCEDURE	
Number: 7311-20-016 Title: Client and Family Engagement	
Authorization <input type="checkbox"/> President and CEO <input checked="" type="checkbox"/> Vice President, Finance and Corporate Services	Source: Vice President Lead, Client and Family Centered Steering Committee Cross Index: Date Approved: August 7, 2009 Date Revised: November 1, 2012 Date Effective: November 30, 2012 Date Reaffirmed: Cross Index: Scope: SHR

1. PURPOSE

The purpose of this procedure is to establish the process for recruitment, registration, and orientation of participants.

2. PROCEDURE

Approval

- 2.1. Obtain approval as outlined in policy.
- 2.2. CFCC Specialist, Vice-President, Director or designate determines the need for client family engagement, the preferred skills and qualifications of potential participant.

Recruitment and Selection

- 2.3. CFCC Specialist, Vice-President, Director or designate determine recruitment method. The Client and Family Centered Care Interest Form is used to collect contact information for interested individuals (see Appendix A). The interest form is a recruitment tool and therefore is not a required document of the registration process.

2.3.1. Referrals

SHR staff shall not provide names of specific clients/family members to other SHR staff unless verbal consent is obtained from the client/family member; however SHR staff may encourage the client/family member to complete an interest form or contact the CFCC Specialist or any individual on an advisory council (*Refer to HIPA*).

2.3.2. Advertising

- An appropriate form of advertisement for participant involvement is a poster or brochure.
- Advertising should be targeted to the population that is being engaged and therefore should be reflective and sensitive to culture, age, gender and race.

- Advertising should be posted in areas throughout the region/city/province as appropriate to reach the intended audience.
 - All advertising methods should be in compliance with SHR's Visual Identity Standards.
- 2.3.3. Initial Meet & Greet Meeting
- 2.3.3.1. CFCC Specialist, Director and/ or designate receives CFCC interest forms (see Appendix A). CFCC Specialist, Vice-President and/or Director contacts the individual.
- 2.3.3.2. An informal meeting is hosted to discuss available opportunities with the interested individual. The roles and responsibilities of the participant associated with the opportunities are discussed. A sample of discussion questions is available (see Appendix D).
- 2.3.3.3. A fact sheet containing the following information, as relevant, can be prepared and offered to individuals who are considering participation:
- Mission and goals of the project.
 - Expectations for their participation.
 - Meeting times, frequency, and duration.
 - Meeting dates.
 - Expectations for communication among team members between meetings (including means of communication – email, mail, phone, etc.).
 - Time commitment beyond meeting times.
 - Honorarium if applicable.
 - Benefits of participation (i.e., what are the expected outcomes of their involvement).
 - Training and support to be provided.

2.4. Registration

- 2.4.1 The registration process is summarized in the Client & Family Engagement Flowchart (Appendix C).
- 2.4.1.1 Registration is centralized through the Client and Family Experience & Safety Department using the Registration Form (see Appendix B).
- 2.4.1.2 Information collected through the registration process is retained by the CFCC Specialist and tracked through an electronic database.
- 2.4.1.3 Staff shall offer to assist the participant in the completion of the documentation.
- 2.4.1.4 First Nations and Metis individuals may obtain assistance from the First Nations & Metis Health Department and/or an aboriginal staff member.
- 2.4.1.5 Asterisks have been inserted throughout the registration documents to identify items which are optional for completion versus those which are optional. The intent is to provide flexibility so the client/family may chose the level of information shared on these documents.
- 2.4.2 One-Time Contributors and Community Members are not required to complete the registration form; however, the individual may be required

to sign a Media Consent Form e form or a SHR Confidentiality Agreement. Circumstances of the engagement opportunity can be reviewed with the CFCC Specialist or Communications Consultant.

- 2.4.3 Occasional Reviewers - complete registration form and forward to Client and Family Centered Care Specialist.
- 2.4.4 Co-Leaders, Client/Family Advisors and Occasional Reviewers participating in RPIWs and/or 3P Events – complete registration form, SHR Financial Services Honorarium Form, obtain criminal record check and forward to Client and Family Centered Care Specialist.
- 2.4.5 SHR will reimburse the participant for the cost of the criminal record check if provided with a receipt.

2.5. Orientation

CFCC Specialist, Director or designate orientates the participant to the SHR team, committee or project and provides the participants with a copy of the pertinent SHR Policies.

3. PROCEDURE MANAGEMENT

The management of this procedure including procedures education, monitoring, implementation and amendment is the responsibility of the Client and Family Centered Care Specialist based on the direction of the Client and Family Centered Care Steering Committee.

4. NON-COMPLIANCE/BREACH

SHR staff that engage members of the public, clients and/or family members in SHR operations outside the parameters of this policy puts SHR at varying degrees of risk. Non-compliance with this policy will result in a review of the incident by the Vice President, Interprofessional Affairs, Director of Client and Family Experience and Safety and, the Client and Family Centered Care Specialist. Repeated non-compliance may result in disciplinary action, up to and including termination of employment and/or privileges with SHR.

5. REFERENCES

SHR Policy *Client and Family Engagement Policy*
The Health Information Protection Act, Government of Saskatchewan



**Client and Family Centered Care
Interest Form**

Please complete this form if you are interested in learning about or participating in Client and Family Centered Care within the Saskatoon Health Region or contact the Client and Family Centered Care Specialist at 655-0164 or cfcc@saskatoonhealthregion.ca.

Date:	
Name:	
Address:	
Email:	
Home Phone:	
Work Phone:	

The questions below are considered optional; please complete to the degree you are comfortable

Which Saskatoon Health Region departments have served you or your family and <i>approximately</i> when?
Have you had an experience with the Saskatoon Health Region? If so, please tell us about it.
What are some of the things you would like Saskatoon Health Region to do differently to better help clients and families?

Please identify your interest by ✓ one or more of the following:

- One-time Engagement – ie: focus group participant
- Occasional Reviewer – ie. Rapid Process Improvement Workshop participant
- Client / Family Advisory Council Member
- Share my patient/family experience
- Undecided/ Need more information

Additional Comments...


All information contained on this form is considered confidential and is intended for use by the Saskatoon Health Region. SHR takes the confidentiality of your personal information very seriously and this information will only be collected, used, disclosed and stored in accordance with the applicable legislation and SHR policies. You will be contacted upon receipt of this form to discuss your interest as opportunities that match your interest arise. All forms submitted will be kept on file for two years unless otherwise indicated.

Usage of email for purposes of communicating sensitive or confidential information is not recommended. Although the risks associated with this is low, email transmission is not guaranteed to be secure or confidential; unauthorized individuals may be able to intercept, read and possibly modify e-mail you send or are sent by Saskatoon Health Region (SHR).

Signature:	
Date:	

Please mail your completed application to:

Client and Family Centered Care Specialist
Saskatoon Health Region – Hantelman Building
Royal University Hospital
103 Hospital Drive
Saskatoon, SK S7N0W8
Phone: 306-655-0164
cfcc@saskatoonhealthregion.ca

 Client, Family and Community Member Engagement Policy Registration Form	
This form is for the registration of Co-leaders, Client/Family Advisors and Occasional Reviewers. Questions marked with an * are considered optional , please complete to the degree you are comfortable.	
Date:	
Name:	
Committee/ Council:	
Street Address:	
City / Postal Code:	
Phone # / Cell #:	
Email Address:	
*Occupation:	
*Times Available: (days/time of day)	
*Emergency Contact:	
*Please list any medical information that we should be aware of:	

Consent:

If under 18, parental consent is required:

My son/ daughter _____ has my consent to participate as a
_____ in the Saskatoon Health Region.

***Self Declaration**

In order to provide a quality client-centered care experience to our patients, clients, residents and families we need to build a workforce that is representative of the community we serve. The Saskatoon Health Region recognizes that building diversity among in our client, family and community participant engagement opportunities will increase our ability to truly hear from those we serve.

We are requesting you assistance in our efforts to identify our success in representing the community we serve through the voluntary completion of a self declaration portion of this registration form.

Although the self-declaration process is voluntary, we encourage declaration because this is our only way for us to get complete, accurate and up-to date information about the composition of our client, family and community member team.

Aboriginal Peoples

Indian (First Nations), Métis and Inuit are the three groups defined as Aboriginal peoples under the Canadian Constitution.

A *First Nations* person is a North American Indian or a member of a First Nation band (reserve). First Nations include:

- 4 status (registered) treaty Indians as well as
- 4 non-status (non-registered) Indians;

Métis people are descendants of First Nation and European heritage. Métis people are defined under the Métis National Council as a person who self identifies, who is of historic Métis ancestry and belongs to a Métis local or is accepted by the Métis Nation;

Inuit are Aboriginal people of the Canadian Arctic. The areas are divided into three territories: Nunavut, Yukon and Northwest Territories along with Northern Quebec and Northern Labrador.

Do you consider yourself to be an Aboriginal person, as defined above?

- Yes
- No

If yes, which group?

- First Nations Status
 - First Nations Non-Status
 - Métis
 - Inuit
-

Visible Minority Group Persons

Members of visible minorities are persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour, regardless of birthplace.

Do you consider yourself to be a member of a visible minority group, as defined above?

- Yes
- No

Persons with a disability

Persons with a disability, as defined under the Employment Equity Act, are persons who have a long term or recurring physical, mental, sensory, psychiatric or learning impairment and who: consider themselves to be disadvantages in employment by reason of that impairment; or, believe that an employer or potential employer is likely to consider them to be disadvantaged in employment by reason of that impairment and includes persons whose functional limitations owing to their impairment have been accommodated in their current job or workplace.

Do you consider yourself to be a person with a disability, as defined above?

- Yes
 - No
 - Do not wish to declare.
-

Section 2: (to be completed with assistance from staff)

Type of Involvement:

- Occasional Reviewer Client Advisor Family Advisor
- Community Member Co-Leader

Length of Involvement (dates and times):

Description of role and responsibility (to be completed with SHR sponsor):

Participation Details: *(What committees, councils, etc. is the client/family/community member participating)*

SECTION 3: Confidentiality Agreement: (to be completed by participant)

- A. As an individual providing services (whether as employee, volunteer, student, or otherwise) to the Saskatoon Health Region, I understand that I may have access to confidential information that includes, but is not limited to, information relating to:
- Patients (such as health records, conversations, admittance information, patient financial information, etc.);
 - Other Saskatoon Health Region employees or volunteers (such as employment records, disciplinary actions, etc.);
 - Saskatoon Health Region business information (such as financial and statistical records, strategic plans, internal reports, memos, contracts, peer review information, communications, proprietary computer programs, source code, proprietary technology, etc.); and
 - Information about SHR's business partners and service providers providers.
- B. Confidential information is protected by legislation such as *The Health Information Protection Act*, *The Local Authority Freedom of Information and Protection of Privacy Act* and *The Mental Health Act*, as well as by strict Saskatoon Health Region policies.

As a condition of and in consideration of my access to confidential information, I promise that:

BASIC CONFIDENTIALITY OBLIGATIONS

1. I will use confidential information only as needed to perform my legitimate duties with the Saskatoon Health Region. This means, among other things, that:
 - a. I will only access confidential information for which I have a need to know in connection with the services I am providing to the Saskatoon Health Region;
 - b. I will not in any way divulge, copy, release, sell, loan, review, alter or destroy any confidential information except as properly authorized within the scope of my duties with the Saskatoon Health Region; and
 - c. I will not misuse confidential information or carelessly care for confidential information.
2. I will safeguard and will not disclose or share my passwords, User ID's, clearance badges, access cards, keys or other codes or devices assigned to me (or created by me) that allow me to access confidential information. I accept responsibility for all activities undertaken using such codes and devices.
3. I will retain Confidential Information in a manner appropriate for the form of confidential information (e.g. paper, electronic, thumb drive/memory stick, CD, DVD, remote access, etc.) including, but not limited to the following:
 - a. Automatic shutdown, locking, or timeout procedures for computer terminals not in use
 - b. A personal security pass code for each authorized individual
 - c. Locked and controlled access to areas housing Confidential Information
 - d. Secure directories on computers storing electronic files containing Confidential Information
 - e. Confidential Information not to be available, accessible to unauthorized persons

- f. Confidential Information stored on thumb drive/memory stick, CD or DVD's must be password protected or encrypted where possible.
- 4. I agree that my privileges hereunder are subject to periodic review and, if deemed, appropriate by the Saskatoon Health Region, revision.
- 5. I agree that I have no right or ownership interest in any confidential information.
- 6. I agree to return all Confidential Information back to Saskatoon Health Region at the end of the contract. I will appropriately delete any electronic files that may have been created as a result of my accessing or using Saskatoon Health Region Confidential Information on my electronic devices.
- 7. I understand that my failure to comply with this Agreement may result in disciplinary action (including, without limitation, my loss of employment or affiliation with Saskatoon Health Region) and/or legal action being taken against me.
- 8. I agree to review and comply with all applicable legislation and Saskatoon Health Region policies respecting privacy and security, as amended from time to time.

USER ACCOUNT & DATA ACCESS RULES & REGULATIONS

- 9. If given an SHR User Account:
 - a. I agree to utilize the information provided on the Saskatoon Health Region computer system for the sole purpose of performing my legitimate duties with the Saskatoon Health Region.
 - b. In accordance with the obligations contained in section 2:à
 - i. I agree I am responsible and accountable for all activities conducted on the computer network under my Saskatoon Health Region User Account.
 - ii. I will not divulge or share my Saskatoon Health Region User Account or password to others as it is strictly prohibited.
 - iii. I agree that my password will comply with the prescribed Saskatoon Health Region Password Policy, will not be documented, and must be changed as the system demands or if it is compromised.
 - iv. I will ensure that my access to shared data (if I am granted permissions to any) is to be kept confidential and I will not share or distribute this data with those who are not authorized.
 - c. I am responsible for immediately reporting all unauthorized use, sabotage, modification, or theft of Saskatoon Health Region Information Technology (IT) assets or information to the IT Services department.
 - d. I agree to abide by the Saskatoon Health Region Internet Acceptable User Policy and the Saskatoon Health Region Email Acceptable Use Policy.
 - e. I understand that I am prohibited from accessing or distributing objectionable material, including but not limited to:
 - i. obscene or pornographic material;
 - ii. hate propaganda or discriminatory material;
 - iii. defamatory and libelous material; and
 - iv. sexually harassing material.
 - f. I acknowledge and accept that:
 - i. Region email accounts and personal/shared network drives) in order to protect and maintain the integrity of Saskatoon Health Region system

resources and to ensure Saskatoon Health Region User compliance with Saskatoon Health Region policy and procedures.

ii. Any infringement on these rules and regulations or Saskatoon Health User Account and system access privileges.

10. For greater certainty, the obligations contained in section 7 are supplemental to (and do not replace) the obligations contained in sections 1 through 6 (inclusive).

11. For greater certainty, the obligations contained in section 9 are supplemental to (and do not replace) the obligations contained in sections 1 through 6 (inclusive).

GENERAL

12. The obligations contained in this Agreement are intended to be complementary to any similar obligations I may have agreed to in other Saskatoon Health Region agreements or policies or as may be imposed by law or applicable professional ethical obligations. To the extent of any inconsistency between such obligations, the obligations imposing the highest confidentiality standard shall govern.

13. I agree that my obligations under this Agreement will continue after any termination of my employment or affiliation with the Saskatoon Health Region.

AGREED TO BY:

Participant Signature:

Date:

Printed Name:

Position:

All information contained on this form is considered confidential and is intended for use by the Saskatoon Health Region. SHR takes the confidentiality of your personal information very seriously and this information will only be collected, used, disclosed and stored in accordance with the applicable legislation and SHR policies. You will be contacted upon receipt of this form to discuss your interest as opportunities that match your interest arise. All forms submitted will be kept on file for two years unless otherwise indicated.

Usage of email for purposes of communicating sensitive or confidential information is not recommended. Although the risks associated with this is low, email transmission is not guaranteed to be secure or confidential; unauthorized individuals may be able to intercept, read and possibly modify e-mail you send or are sent by Saskatoon Health Region (SHR).

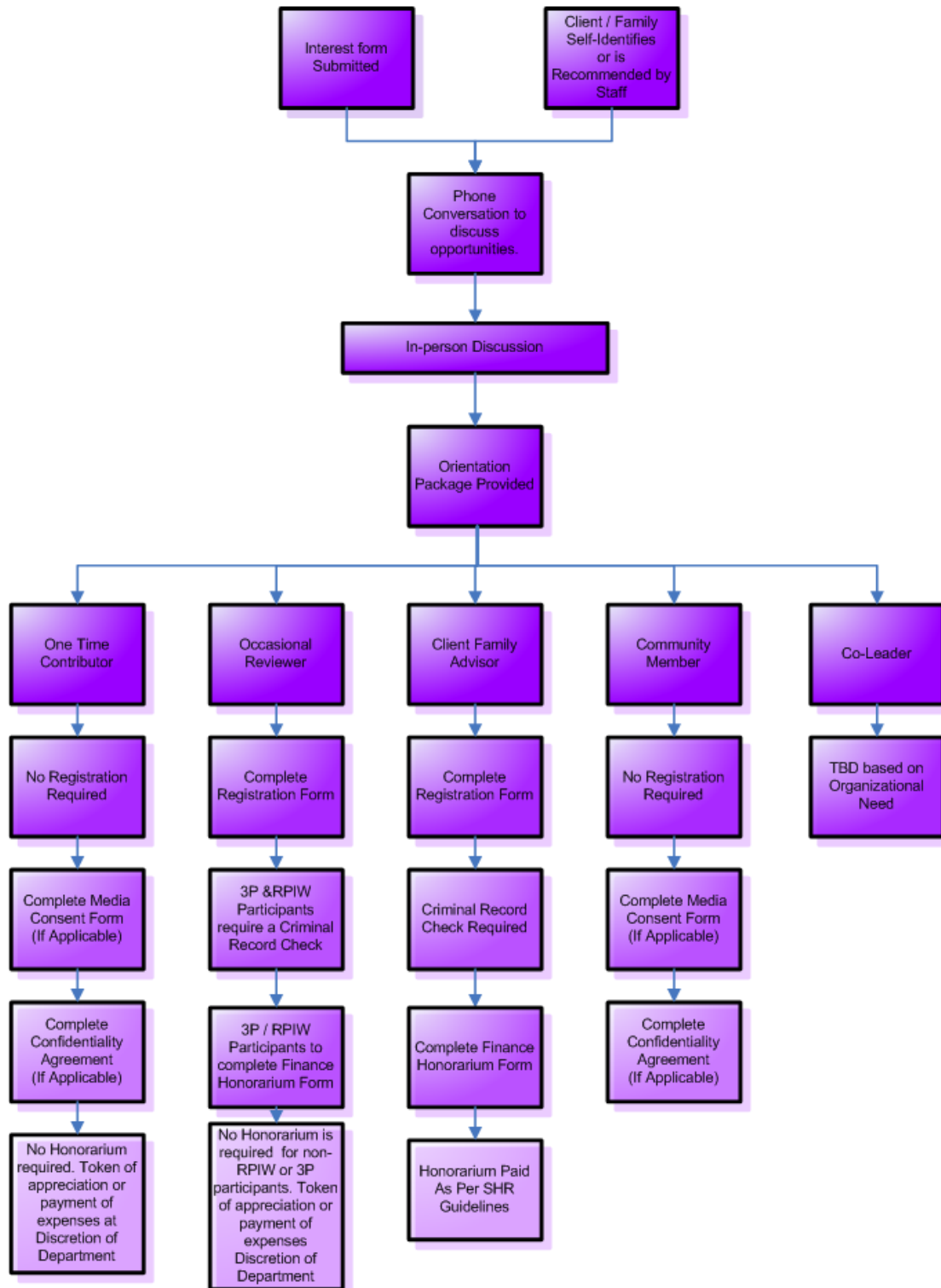
SECTION 4: To be Completed by SHR Staff

SHR Staff:	
Department:	
Phone:	
Phone #/Cell #	

SECTION 5: To be Completed by SHR Staff

- Discussion
- Interest Form
- Registration Form
- Criminal Record Check (if required)
- Orientation Policies provided.
- SHR Financial Services Honorarium Form

Client and Family Engagement Flowchart



Sample Discussion Questions for Client, Family and Community Members

1. Tell us (share with us) a little bit about your involvement with Saskatoon Health Region (or specific care group). Have you had positive and/or negative experiences while accessing care?
2. Why are you interested in being part of (insert level of engagement)?
3. What does partnering/collaborating with the staff at Saskatoon Health Region (or specific care group) mean to you? Describe a situation where and when this happened?
4. If you had a concern, what steps would you take to communicate this to the staff in the Region?
5. How do you relate to people who have different opinions than yours?
6. What are your personal strengths/strong points?



Saskatoon Health Region

Honorarium Form

Instructions:

Please submit this form to the location provided at the bottom of the page.

Note – all information must be filled in and submitted in order to receive honorarium payments.

The information provided will be considered confidential and used only as required to complete the honorarium payment process and the Canadian Revenue Agency requirements for reporting. This document will be received by the Financial Services department. Information gathered will be stored in a confidential database.

General Information:

Honorariums are provided in accordance with the Canada Revenue Agency regulations. The participant's social insurance number along with address must be submitted to Finance to be eligible for honorariums. If the participant does not have a social insurance number then their country of home residence address along with their country's tax identification number must be provided to Financial Services. In such cases finance will make the final determination whether the participant is eligible for honorariums. These honorariums are taxable income and must be reported on your income tax return. Therefore, a T4A or T4A NR slip will be sent to you.

If you would like to receive payment electronically, please complete and submit an Electronic Direct Deposit form. You can request to have a form mailed or emailed to you by contacting the SHR Financial Services Department at (306) 655-0777.

Information Required:

Based on the information above, are you willing to receive an honorarium for your participation?

- Yes
 No

Please complete this section if you have a Canadian SIN number

First Name	Last Name	SIN #:
Mailing Address	City or Town	Province
Postal Code	Phone Number	

Please complete this section if you **DO NOT** have a Canadian SIN number.

First Name	Last Name	Your country's tax identification number
Please provide your country of home residence address.		
Mailing Address	City or Town	Province
Postal Code	Canadian Phone Number	

Submit Forms To:
Saskatoon Health Region Financial Services
Attention: B. Carr
900 – 606 Spadina Cres East
Saskatoon, SK S7K 3H1
For More Information Contact Accounts Payable,
Financial Services Department At (306) 655-0777