

ORGANIZATIONAL POLICY MANUAL

TERMS OF REFERENCE - COMMITTEES

Name: *COMMUNITY ADVISORY COMMITTEE*

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Type: *Standing*
Chaired by: *Board of Director's Committee Member or Designate*
Responsible to: *Board of Directors*
Authority: *Advisory*
Frequency of Meetings: *Quarterly*
Composition: *The committee membership will include volunteer representation from:*

- ✓ *Eight patients (Two community members from each of Centre Hastings, Madoc, Marmora & Lake and Tudor & Cashel*
- ✓ *Representation of Community Health Agencies, Social Service Agencies and Health Providers responsible for Centre Hastings, Township of Madoc, Marmora & Lake and Tudor & Cashel*
- ✓ *Committee member selection is determined through appointment and/or applicant response to advertised request*
- ✓ *One member from the Board of Directors*
- ✓ *Lead Physician (Ex-Officio) – attends meeting upon request*
- ✓ *Administrator (Ex-Officio)*
- ✓ *Youth Representation (One secondary school student each of Public School Board & Catholic School Board)*
- ✓ *Board Chair (Ex-Officio) - if not included in above representation*

Length of Term: *Members are to serve a maximum of four (4) years, with staggered rotation encouraged (as selected by the Committee)*

Communication with Board Through: *Chair of Community Advisory Committee*

Staff Support: *Administrative support for preparation of minutes & as required*

ROLE & FUNCTION:

This committee has been established:

- ✓ *To ensure full advisory input to the Planning (Strategic and Operational functions of the Central Hastings Family Health Team*
- ✓ *To share information with and provide liaison to patient stakeholders representing patients and other health care agencies.*

Specific Areas of Responsibility:

- ✓ *Ongoing liaison with the Lead Physician and the FHT administrator to provide advice on matters that have been referred to the advisory committee, as well as matters affecting the operation of the FHT that are felt to be of significance by advisory committee members*
- ✓ *Feedback on patient satisfaction with the performance of FHT., e.g. other desired programs / services, what could be enhanced, what problems are perceived, how health care delivery may be done better or differently*
- ✓ *Feedback on patient / provider accountability*
- ✓ *Public consultation*

Approval Date: *January 8, 2008* **Review / Revision Date:** *December 9, 2008 – Review /Revised: November 8, 2011, January 10, 2012*