

MEMBERSHIP COMMITMENT FORM

Organization: _____

**Please see reverse of this form to indicate Member representative contact information.*

Your commitment to activities focusing on improving patient safety leverages time and talent in your organization and beyond. Everyone is responsible for patient safety. Every Member needs to ensure that patient safety is a priority throughout your organization.

Please indicate below which activities your organization commits to undertake in the 2021 membership year, and we would also like to hear which activities you did undertake in 2020. Your 2020 form will be sent to you for reference.

Activities

(Please circle target audience where applicable)

	<u>2020</u>	<u>2021</u>		<u>2020</u>	<u>2021</u>
♦ Partner with or participate in a MIPS event or initiative (examples: member of the planning committee, presenter, organizational attendees, resource development).	<input type="checkbox"/>	<input type="checkbox"/>	♦ Engage with the public (e.g. create or meet with the patient advisory committee in your organization; conduct public consultations).	<input type="checkbox"/>	<input type="checkbox"/>
♦ Host an education event for the public on patient engagement.	<input type="checkbox"/>	<input type="checkbox"/>	♦ Lead outreach activities in the community focused on improving self-advocacy.	<input type="checkbox"/>	<input type="checkbox"/>
♦ Undertake activities to educate providers on how to increase client / patient engagement in care.	<input type="checkbox"/>	<input type="checkbox"/>	♦ Offer patients and families MIPS resources on self-advocacy topics.	<input type="checkbox"/>	<input type="checkbox"/>
♦ Participate in Canadian Patient Safety Week.	<input type="checkbox"/>	<input type="checkbox"/>	♦ Share a MIPS social media post monthly.	<input type="checkbox"/>	<input type="checkbox"/>
♦ Implement a learning program that increases uptake of leading practices with healthcare providers.	<input type="checkbox"/>	<input type="checkbox"/>	♦ Provide board training on patient safety and its role in supporting / enhancing patient safety.	<input type="checkbox"/>	<input type="checkbox"/>
♦ Publish a MIPS article or interview online or in organizational newsletter.	<input type="checkbox"/>	<input type="checkbox"/>	♦ Grant an annual patient safety award.	<input type="checkbox"/>	<input type="checkbox"/>
♦ Initiate ways for patients / families / members/ employees to identify patient safety improvement in teamwork and communication.	<input type="checkbox"/>	<input type="checkbox"/>	♦ Semi-annual report to senior management on engagement with MIPS through Member Representative or Alternate.	<input type="checkbox"/>	<input type="checkbox"/>
♦ Identify & recognize organizational patient safety champions annually.	<input type="checkbox"/>	<input type="checkbox"/>	♦ Create a prominent link to the MIPS' websites on the organizational website	<input type="checkbox"/>	<input type="checkbox"/>
♦ Reflect clearly the importance of patient safety within the organization's mandate or strategic plan.	<input type="checkbox"/>	<input type="checkbox"/>			

Other patient safety activities you plan to undertake? _____

The undersigned, on behalf of his/her organization, agrees to the above membership commitment with the Manitoba Institute for Patient Safety.

Signature: _____ Date: _____

Name: _____ Title: _____

Please remit this form with Member Rep information (see reverse) by **January 1, 2021**, to:
Manitoba Institute for Patient Safety | 102-175 Carlton Street, Winnipeg, MB R3C 3H3 | admin@mips.ca

*Memberships are relinquished if renewal not submitted by **March 1, 2021**. A re-application for membership will be accepted after March 1st.*



**2021 MEMBER REPRESENTATIVE
INFORMATION FORM**

Please confirm the Member Representative for your organization.

This person receives communication from MIPS regarding the call for nominations to the Board of Directors, our annual general meetings and member updates. This person votes on behalf of their organization in the election to the Board of Directors and other matters as outlined in the Corporation by-laws.

Please complete the following and return via **fax** (in header), **scan-to-email** (admin@mips.ca) or return by regular **mail**.

Organization: _____

Director's Name: _____ Email: _____

MEMBER Representative:

Name: _____ Title: _____

Full Address: _____

Phone#: _____ E-mail: _____

Please provide Assistant's Contact Information:

Name: _____ Title: _____

Phone#: _____ E-mail: _____

Please confirm an ALTERNATE Member Representative:

(who can stand in for the Member Rep)

Name: _____ Title: _____

Full Address: _____

Phone#: _____ E-mail: _____

Please provide Communication Department/Representative:

(for larger communication campaigns, involving newsletters, websites, etc.)

Name: _____ E-mail: _____

Please mark your calendar

MIPS Annual General Meeting is November 12, 2020.

Check www.mips.ca for details!

*And if you have suggestions about organizations who may be interested in membership in MIPS,
please let us know!*