

Patient and Family Advisor Application Form

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Home phone: _____ Cell phone: _____

Email address: _____

Preferred contact: (select one) Home phone Cell phone Email

1. Are you a: Patient Family member of a patient

2. When was your care experience at this hospital? (select all that apply)
 2021 to current year 2020 2019 2018 2017 or before

3. What language(s) do you speak? _____

4. Which service lines(s) provided care for you or your family member: (select all that apply)
 Inpatient Outpatient Outpatient Ambulatory Surgery Emergency Department

5. We recognize that our patient and family advisors have busy lives. How much time are you able to commit to being a patient and family advisor?: (select one)
 Less than 1 hour per month 3-4 hours per month
 1-2 hours per month More than 4 hours per month

6. Are you available to serve as an advisor for at least 1 to 2 years?
(You can still be an advisor if you answer "no.") Yes No

7. How do you want to help? I want to: (select all that apply)

Serve as a member of the patient experience steering council. Potential advisory council members should be ready to commit to serving on the council for at least 1 to 2 years. The advisory council meets once a month for 1 ½ to 2 hours.

Help develop or review informational materials for patients and family members.

Help improve patient safety and the prevention of medical errors.

Help improve the patient and family role in care decision making.

Help improve the hospital facilities (for example, patient care areas, or family resource room).

Help educate or train hospital staff and clinicians.

Review procedures and provide input to improve the hospital admission process.

Provide input as we implement bedside shift report, where nurses who are going off duty share information with nurses coming on duty at the patient's bedside.

Review procedures and provide input to improve transitions in care (for example, between hospital units or discharge from hospital to home).

Other issues: (please describe)

