

PATIENT AND FAMILY ADVISOR APPLICATION

Thank you for your interest in becoming a Patient and Family Advisor at Providence Health & Services. Please read through the attached materials and complete this application. We appreciate your time and energy, and we can't wait to hear from you. Your voice counts!

Part One: Personal Information

NAME: _____ EMAIL ADDRESS: _____

MAILING ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

Part Two: Background and Experience

Please note the types of health care services you have experienced either personally, or as a support person for your family—particularly at Providence. *Please indicate whether this experience was for yourself or your family by marking applicable boxes with either an "S" for Self or an "F" for family.*

SERVICE	Prior to 2014	2015	2016	2017	2018	COMMENTS
Emergency Department						
Medical/Surgical (Overnight stay, not in ICU)						
Intensive Care/Critical Care (ICU)						
Surgery						
Endoscopy (e.g. for colonoscopy)						
Diagnostic Testing (CT, MRI, XRay)						
Other (Please Describe)						

Why would you like to serve as an Advisor?

Please tell us about any previous committee work, employment, volunteer and/or public speaking experiences that you have had, and that you feel would help contribute to your role as a Patient and Family Advisor:

Please briefly tell us about any specific experiences you have had with a Providence Hospital that you are particularly excited to share as a Patient and Family Advisor. We are interested both in positive experiences and parts of your patient experience that could have been improved.

Part Three: Interests & Availability

Meetings for the Patient & Family Advisory Group are typically set for the second Wednesday of the month from 5:30 – 7 p.m. (excluding August and December) Would this meeting time work for you?

What days and times are you available to participate in interviews/meetings?

Are there any particular times when you are typically unavailable?

Typically Available:

Typically Unavailable:

Please indicate below the types of activities with which you are interested in helping

POSSIBLE ACTIVITY	BACKGROUND INFO: WHAT'S INVOLVED?	LEVEL OF INTEREST 1 = Low Interest 5 = Very Interested	COMMENTS
Review patient and family education materials	Receiving and reviewing materials, commenting on them, returning them within a week of receipt		
Serve as buddy/mentor for new advisors	One-time orientation session then a commitment to help orient new members, checking in with him/her periodically until they have adjusted to the role.		
Participate in a focus group	Usually just one to two meetings about a new service or process change		
Work on a standing operations committee	Most committees meet monthly and are focused on part of the care delivery process (e.g. fall prevention, patient experience, medical operations). Likely involves learning lots of specialized terminology		
Presentations	Either individually or as part of a panel, discuss your experiences as a Patient and Family Advisor, and present to a group of staff.		
Participate as an Advisor in large projects	Participation in a series of meetings (typically longer, 2+ hours), aimed at helping providers address a large new project or change. May involve helping to identify vision, goals, barriers to success and an action plan		
Other areas of interest?			

APPLICANT SIGNATURE: _____ DATE: _____

Thank you for your interest! We'll be contacting you shortly.