

# Patient & Family Advisor Council Application Form



Thank you for your interest in joining St. Joseph Mercy Oakland Patient & Family Advisory Council (PFAC).

As we value each of your unique attributes and talents we ask that you complete this application and tell us more about yourself!

Name (First and Last): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Preferred contact (circle one):      **Home phone**      **Cell phone**      **Email**

**These questions are optional, and help us make our communities as diverse as possible: Please check all that apply.**

## Ethnicity:

African-American \_\_\_      Latino/Hispanic\_\_\_      Caucasian-American\_\_\_  
Asian\_\_\_      American Indian or Alaska Native\_\_\_      Middle-Eastern\_\_\_  
Native Hawaiian/Pacific Islander\_\_\_      Other\_\_\_

## Religion:

Catholic\_\_\_      Christian\_\_\_      Jewish\_\_\_      Muslim\_\_\_      Hindu\_\_\_  
Jehovah Witness\_\_\_      None\_\_\_      Other\_\_\_

## Physical Challenges:

Hearing\_\_\_      Ambulation\_\_\_      Sight\_\_\_      Speech\_\_\_      Other\_\_\_

## Age:

18-24\_\_\_      25-29\_\_\_      30-49\_\_\_      50-64\_\_\_      65-79\_\_\_      80+\_\_\_

## Gender:

Male\_\_\_      Female\_\_\_      Other\_\_\_

Language(s) spoken: \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_

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The following questions will help us get to know you better.

**1. Were you a...**

- Patient
- Family member of a patient

**2. When was your care experience at this hospital? (Check all that apply.)**

- 2017 to current year
- 2016
- 2015
- 2010

**3. Which unit(s) provided care for you or your family member: (check all that apply)**

- Emergency Room]
- [Inpatient Unit]
- [Outpatient Services]
- [Other]

**4. 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? (Check one)**

- Less than 1 hour per month
- 1 to 2 hours per month
- 3 to 4 hours per month
- More than 4 hours per month

**5. 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

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**6. How do you want to help? I want to: (Check all of your interest areas)**

- Serve as a member of the patient and family advisory 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 2 ½ to 3 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 waiting rooms).
- 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): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Please tell us about yourself.

**7. Why do you want to become a patient and family advisor? Please briefly describe any experience you may have as an advisor, as an active volunteer, or as a public speaker.**

**8. Please describe any specific things that doctors or hospital staff did or said while you or your family members were in the hospital that was helpful to you or your family.**

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9. Please describe any specific things that doctors and hospital staff could have done differently to be more helpful while you or your family member were in the hospital.
  
  
  
  
  
  
  
  
  
  
10. Our patient and family advisors reflect the diversity of the patients and families we serve. Please share anything about yourself that you think would add to the diversity of our team of advisors.

After your application is received and reviewed, the Care Experience Team will contact you to further discuss your interest and answer any questions you may have followed by arranging an interview. Thanks you for your time and interest. Prior to your participation you will be provided with training and next steps for a successful volunteer experience.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return this form to:**

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