

# Patient and Family Engagement (PFEC) Committee Application

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**

Are you willing to share contact information with other PFEC members? \_\_\_\_\_

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

**1. Are you a...**

☐ Patient

☐ Family member of a patient

**2. I/my family member has been treated at Hamilton Memorial Hospital since \_\_\_\_\_ (Year).**

**3. What language(s) do you speak? \_\_\_\_\_**

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

☐ Emergency Department

☐ Surgery

☐ Medical Surgical

☐ Physical/ Occupational Therapy

☐ Primary Care Clinic

**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? (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

## Patient and Family Engagement (PFEC) Committee Application

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. What is the best time of day for you to attend meetings?

☐ Daytime

☐ Evening

8. Are you willing to complete a pre-selection drug screen? (This would not include testing for marijuana.)

☐ Yes

☐ No

9. What is the easiest way for you to participate in meetings?

☐ In Person

☐ Zoom

☐ Conference Call

10. 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 committee. Potential advisor committee members should be ready to commit to serving on the committee for at least 1 to 2 years. The committee meets at least quarterly for 1 ½ to 2 hours.

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

☐ Provide input that may improve patient safety and the prevention of medical errors.

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

☐ Provide input that may improve the hospital facilities (for example, patient care areas, or family resource room).

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

☐ Provide input regarding 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.**

- 11. Why do you want to become a patient and family advisor?**
  
  
  
  
  
  
  
  
  
  
- 12. Please briefly describe any experience you may have as an advisor, as an active volunteer, or as a public speaker.**
  
  
  
  
  
  
  
  
  
  
- 13. Please describe any specific things that doctors or hospital staff did or said while you or your family member were in the hospital that were helpful to you or your family.**
  
  
  
  
  
  
  
  
  
  
- 14. 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.**
  
  
  
  
  
  
  
  
  
  
- 15. Our patient and family advisors reflect the overall 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.**

**We appreciate your interest in enhancing the quality of our hospital. Kindly submit this form to the Quality Department at Hamilton Memorial Hospital. We will contact you within two weeks of receiving your application.**