Patient and Family Advisor Application Form

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**

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

1. **Are you a…**
   - ❑ Patient
   - ❑ Family member of a patient

2. **When was your care experience at this hospital? (Check all that apply.)**
   - ❑ 2013 to current year
   - ❑ 2012
   - ❑ 2011
   - ❑ 2010
   - ❑ 2009 or before

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

Agency for Healthcare Research and Quality
Advancing Excellence in Health Care • www.ahrq.gov

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

- ❑ [Insert name of unit]
- ❑ [Insert name of unit]
- ❑ [Insert name of unit]
- ❑ [Insert name of unit]

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

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: (Check all of your interest areas) [NOTE: Edit the list below as appropriate for your hospital's priorities]**

- ❑ 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 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 decisionmaking.
- ❑ 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): _____

_____

_____

_____

Please tell us about yourself.

8. **Why do you want to become a patient and family advisor?**

9. **Please briefly describe any experience you may have as an advisor, as an active volunteer, or as a public speaker.**

10. **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.**

11. **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.**

12. **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.**

Please return this form to: [Insert patient and family advisor liaison name and contact information]