

Greenwood County Hospital

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.)

Within the last 5 years

More than 5 years ago

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

Hospitalization (inpatient)

Clinic visit

Outpatient Services (Rehab)

Emergency Department

Home Health

Other departments or services

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

3 to 4 hours per month

1 to 2 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

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

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 room).

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

Review procedures and provide input to improve transitions in care (such as discharge to home, transfer to other hospital or other facility).

Assist in improvement of communication processes between healthcare providers and patients and families.

Review processes and provide input to improve bedside shift report, where nurses who are going off duty share information with nurses coming on duty at the patient's bedside.

Other interests in serving as a patient/family advisor (please describe):

Please tell us about yourself.

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

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

9. 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.
10. 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.

Please return this application to:

Greenwood County Hospital

Attn: Melissa Jones

100 W. 16th- Eureka, KS 67045

Phone: (620) 583-7451 Fax: (620) 583-0526

Email: Melissa Jones at mjones@gwch.org