

Patient and Family Advisory Council Application

Thank you for your interest in joining the Norton County Hospital (NCH) Patient & Family Advisory Council (PFAC). Norton County Hospital and Medical Clinic are committed to creating a culture where patients and families are empowered to communicate with staff in a collaborative effort to promote education and change. With your input we may ensure that patient experiences are the best that we can provide.

**Eligibility**

1. Membership requires a term of one (1) year, with an opportunity to apply for additional years.
2. Members must be able to commit to attending monthly council meetings and possibly participate on committees and/or projects (some of which require daytime hours). Meetings are approximately one to two hours per month.

If you are interested in this program, please complete the following application and submit it to the Patient & Family Advisory Council for review.

**Please return form by submitting online or printing and returning to NCH:**

**Attn: Valerie Marble - Radiology**

**Norton County Hospital**

**PO Box 250**

**Norton, KS 67654**

**If you have any questions, please feel free to call or email: Valerie Marble, PFAC Co-Chair, 785-874-2209,**

[**vmarble@ntcohosp.com**](mailto:vmarble@ntcohosp.com)



**Patient and Family Advisor Application Form**

Name (First and Last):

Street Address:

City: State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred contact (circle one): **Phone or 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.)**

* 2018 to current year
* 2017
* 2016
* 2015
* 2014 or before

3. What language(s) do you speak?

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

* Outpatient Services (Radiology, Lab, Outpatient Clinic, Cardiac Rehab, Physical Therapy)
* Emergency Department
* Surgery
* 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

**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)**

* 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 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 decision-making.
* Help improve the hospital facilities   
  (for example, patient care areas, or family resource room).
* Review procedures and provide input to improve hospital billing process.
* Review procedures and provide input to improve the hospital admission process.
* 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.**