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

1. When was your most recent care experience at Kootenai Health?

* Within 6 months
* Within 1 year
* Within 2 years
* Greater than 2 years: (month/year) \_\_\_\_\_\_\_\_\_\_\_\_

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

* Emergency Department
* 1N Oncology/Nephrology
* 3N General Medical
* 3S Progressive Care Unit
* 2S General Surgery
* 2E Ortho-Neuro
* Critical Care
* Labor and Delivery/ Neonatal Intensive Care Unit
* Pediatrics
* Clinic: (list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other: (list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. 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

1. Are you willing to serve as an advisor for at least 2 years?

* Yes
* No

1. What matters most to you in a healthcare experience?

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1. How would you like to help? I want to: (Check all 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 2 years. The advisory council meets once a month for 2 hours.
* Help develop or review educational 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   
  (example: patient care areas or family waiting room).
* Help educate or train hospital staff and providers.
* 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 areas (please describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

# Please tell us about yourself.

1. Why do you want to become a patient and family advisor?
2. Please briefly describe any experience you have as an advisor or volunteer.
3. Please describe anything specific 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.
4. 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.
5. 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.