



Patient & Family Advisory Council Membership Application

Name: _____

E-Mail address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Work Telephone: _____ Cell: _____

1. Have you or a family member received care at Suburban Hospital within the past year? Yes No
Please check area(s) where care was received (please check all that apply):
- Inpatient
 - Outpatient
 - Emergency Department
 - Other programs, departments, services: _____

2. Why would you like to be a member of the Patient & Family Advisory Council?

3. What area(s) of concern do you have that you would like to see the Patient & Family Advisory Council address?

4. What special interests or experiences would you like to offer the Council?

5. We believe the Patient & Family Advisory Council should reflect the diversity of the patient population that Suburban Hospital serves. Please share anything about yourself that you think would add to the diversity of the Council.

6. If you have served as an advisor for other programs or organizations, briefly describe this experience:

7. Do you have experience with public speaking or teaching? If so, please describe:

8. Please specify times when you are able to attend meetings (check all that apply):

- Daytime: (8:30 – 5pm) M-F
- Evening: (5pm – 8pm) M-F
- Weekends (Sat/Sun)

9. I would be interested in helping with:

- Reviewing patient & family satisfaction tools/data
- Developing/reviewing patient/family educational materials and web site resources
- Developing and updating the hospital's web site
- Ensuring patient safety and the prevention of medical errors
- Educating new employees and other staff about the experience of care and effective communication and support
- Participating in facility design planning
- Improving the coordination of care, discharge planning, and the transition to home and community care

10. Do you know of any other individuals or family members who have experienced care at Suburban Hospital and who might be interested in serving as an advisor?

Please provide their name/contact information below:

Please return form using pre-addressed envelope provided or mail to:

Rebecca Kane, RN
Patient & Family Centered Care Committee
Suburban Hospital
8600 Old Georgetown Road
Bethesda, MD 20814