



Colorado Canyons Hospital and Medical Center
Patient and Family Advisory Council (PFAC) Information Sheet

What is the Patient and Family Advisory Council (PFAC)?

Colorado Canyons Hospital & Medical Center's Patient and Family Advisory Council (PFAC) is a diverse group of patients who meet regularly to advise Colorado Canyons Hospital & Medical Center on how we can provide better patient-centered care and fulfill our goal of becoming the healthcare choice for our community.

Why should I join the PFAC?

By becoming a PFAC member and sharing your unique experience, you can help improve Colorado Canyons Hospital & Medical Center's services and make a difference in the lives of other patients and their families.

What are the requirements to join?

If you are selected to become a member, you will be asked to serve a two (2) year term. No particular education background or experience is required.

To become a member of the PFAC, you must:

- Be 18 years or older
- Be a current patient, family member, or caregiver
- Be able to commit to serve for a two (2) year term
- Share Colorado Canyons Hospital & Medical Center's commitment to excellence in patient-centered care
- Have a positive approach and ability to share and see different points of view

How do I join PFAC?

You must complete an application and go through an interview. Space is limited, so it is possible that not all applicants will be able to serve on the PFAC, but all applications will be kept on file as future openings occur. Please fill out our application and return it to Lynn Finley RN, our Director of Quality Improvement.

We are currently accepting applications for the PFAC. Thank you for your consideration!

**PATIENT FAMILY ADVISORY COUNCIL
MEMBERSHIP APPLICATION**

Name (Last – First – Middle) _____

Street Address:

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ May we contact you at work? __Yes __No

Please tell us something about yourself: _____

Please tell us why you would like to be a member of the Patient Family Advisory Council.

What has been your previous experience with Colorado Canyons Hospital & Medical Center?

Have you or a family member received care at Colorado Canyons Hospital & Medical Center within the past year?

Yes No

Area(s) where care was received _____

Have you ever been hospitalized at Colorado Canyons Hospital for more than 24 hours? Yes No

If your answer is YES, how long was your longest hospitalization? _____

Have you ever been a care-giver for a patient who was hospitalized at Colorado Canyons Hospital for more than 24 hours? Yes No

If your answer is YES, how long was the longest hospital stay of the person you were caring for?

How many times have you, or a person you take care of, been hospitalized at Colorado Canyons Hospital in the last three years? _____

How would you describe your hospital experience at _____?

What did the hospital do well during your stay or your loved one's stay?

What could the hospital have done better during your stay or your loved one's stay?

What would you like the hospital to learn from your stay or your loved one's stay?

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

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

Share some examples of organizations or committees you have served and your hobbies and interests

Are you comfortable speaking openly in a large group? ___ Yes ___ No

Are you able to make a time commitment of one evening meeting per month? ___ Yes ___ No

Are you able to commit to membership on the council for at least one year? ___ Yes ___ No

Please provide the names of two (2) persons, other than relatives, whom we may contact for personal reference inquiry.

1. _____
Name Address Telephone number

2. _____
Name Address Telephone number

Have you ever been convicted of a felony? ___ Yes ___ No

If yes, please explain

I certify that all statements on this application are true and complete. If selected for committee membership, I understand that any falsification of, or omission from, this application may result in termination of membership from the Patient Family Advisory Council.

I further understand:

- ✓ Selection as a Patient Family Advisory Council member is contingent upon completing the volunteer application process
- ✓ That Colorado Canyons Hospital and Medical Center is a drug-free and smoke-free environment.
- ✓ Council members are volunteers, therefore are required to complete a general orientation relevant to their duties.

SIGNATURE: _____ DATE: _____
PFAC membership