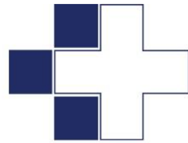

HOUSTON HEALTHCARE

Connecting People, Community and Care

Patient and Family Advisory Council for Quality and Safety (PFACQS®)

Application for Patients and Family Members

Please tell us about yourself and your experience at Houston Healthcare - Warner Robins and/or Houston Healthcare - Perry. The information you share will not become part of your medical record. It will be used only to understand your interest in becoming a PFACQS® member.

First Name:		Last Name:			
Address:					
City:		State:		Zip Code:	
Home Phone:		Mobile:			
Email:					

Please tell us about your racial and ethnic background. This will help us ensure diversity in the membership of the Houston Healthcare PFACQS®.

1. What is your ethnic background?

___ Hispanic, Latino, or Spanish

___ Not of Hispanic, Latino, or Spanish origin

___ Mexican, Mexican American, Chicano

___ Puerto Rican

___ Cuban

___ Some other Hispanic, Latino, or Spanish origin

___ Do not know

___ Do not want to say

2. What is your race? (One or more can be checked)

___ American Indian/Alaska Native

___ Asian

___ Black or African American

___ Native Hawaiian/Other Pacific Islander

___ White

___ Some other race

___ Do not know

___ Do not want to say

3. Do you have preferences about the pronoun's others use to describe you?

❑ Yes ❑ No

If Yes, what are your preferred pronouns? ______________________________

4. Have you ever been hospitalized at Houston Healthcare for more than 24 hours? ❑ Yes ❑ No
If your answer is YES, how long was your longest hospitalization?

____

5. Have you ever been a caregiver for a patient who was hospitalized at Houston Healthcare 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?

____

6. How many times have you or a person you take care of has been hospitalized at Houston Healthcare?

____

7. What went well during your stay or your loved one's stay?

____

____

____

____

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

____

____

____

____

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

____

____

____

____

10. Do you work or volunteer in your community? ❑ Yes ❑ No
If YES, for which organizations?
____
____

11. Do you feel comfortable working in groups, speaking up and sharing ideas or suggestions?
____

12. Is English the language you primarily use when communicating? ❑ Yes ❑ No
If your answer is no, what is your primary language? ____________________________________

13. Are you able to attend meetings at Houston Healthcare? ❑ Yes ❑ No

14. Are you willing to have a Covid test or drug screen test?

15. Are you willing to take the necessary immunizations to serve on the Patient and Family Advisory Council for Quality and Safety? ❑ Yes ❑ No

16. Are you willing to sign an agreement promising not to disclose confidential information given to you in your role as a member of the Patient Family Advisory Council for Quality and Safety? ❑ Yes ❑ No

17. Are you willing to undergo a background check? ❑ Yes ❑ No

By signing this application, I request consideration of this application to be a member of the Patient and Family Advisory Council for Quality and safety of Houston Healthcare. I understand that I may have access to confidential patient information and confidential quality and safety information. I understand that I may be asked to keep all such information confidential and, if asked, that I will not share this information in any way with anyone. I understand that I will be provided specific training on policies, procedures, and confidentiality.

Date: ______________________________ **Signature of Applicant** ______________________________________

Thank you for applying to be on the Patient and Family Advisory Council for Quality and Safety at Houston Healthcare.

If you have questions about the Council, please **Call 478-322-4950**

and ask to speak to Dr. Stewart.

Please **email** your application to: lstewart@hhc.org

You can also **fax** your application to: 478-975-6664