



## 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

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*(Patient Candidate Application)*

- \_\_\_ 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?

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

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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? ☐ Yes ☐ No

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

**Manoj H. Shah, MD**

**Vice President, Medical Affairs / Chief Medical Officer, Houston Healthcare**

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

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

CONFIDENTIAL DOCUMENT  
(Patient Candidate Application)