



## **MEADE DISTRICT HOSPITAL** ARTESIAN VALLEY HEALTH SYSTEM

### **What is a Patient and Family Advisory Council?**

A Patient and Family Advisory Council (PFAC) partners patients and families with members of the healthcare team to provide guidance on how to improve the patient and family experience. Patients and families serve the role of Patient Family Advisor (PFA). Through the unique perspective of a patient or caregiver, the PFA gives input on issues that impact care and improves our services. Regular council meetings will be held to discuss many healthcare topics.

### **What is the goal of a PFAC at Meade District Hospital Artesian Valley Health System?**

Our goal at Meade District Hospital is to put our patients and families at the center of everything we do. That is why we are excited about this opportunity to develop a PFAC. We have entered the Kansas PFAC Collaborative in partnership with Kansas Healthcare Collaborative Hospital Improvement Innovation Network (KHC HIIN) and Kansas Hospital Association to improve our relationship with our patients, families and community. If you have been a patient or family member or caregiver of a patient who has received care at Meade District Hospital, you may possess the necessary qualities to become a Patient Family Advisor.

### **What does a Patient Family Advisor do?**

A PFA serves on the PFAC and represents the perspective of patients and family. As a PFA you will serve on the PFAC and work toward the common mission of improving the patient experience. As a PFA you will be asked to give advice for specific projects that affect our patients and families. Examples include review of written pamphlets, materials or brochures, feedback on facility processes, hospital communication, patient safety, fall prevention and prevention of medication errors.

### **How can I become a PFA?**

Interested applicants must be 18 years of age or older and have been a patient or family member of a patient within the past three years. Applicants will be interviewed and selected by the PFAC. Applicants are expected to attend PFAC meetings and actively participate on initiatives to improve the overall quality, safety, delivery and experience of care for all patients and family. Applicants must represent the mission, vision, goals and values of Artesian Valley Health System and see beyond their own personal experiences.

## **Patient and Family Advisory Council Application Process**

Prospective applicants are required to complete the following PFAC membership application. A current resume or biographical statement outlining personal, professional and volunteer experience must be submitted with the completed application by email, mail or fax to:

Meade District Hospital  
Attention: PFAC  
PO Box 820  
510 East Carthage  
Meade, KS 67864

Fax: 620-873-5697

Email: [jchance@avhealthsystem.com](mailto:jchance@avhealthsystem.com)

**The deadline to apply is Wednesday, September 20, 2017.**

If you have questions, please call Jane Chance at 620-873-5542.

Applications are reviewed and potential members are contacted for on-site interviews with Meade District Hospital staff PFAC members. Accepted applicants must attend PFAC orientation.

**Patient and Family Advisory Council Application**

**Name:**

**Address:**

**Age:**

**Date of most recent service provided to you or your family at Meade District Hospital:**

**Telephone Numbers:**

**Work:**

**Home:**

**Cell:**

**Email address:**

How did you hear about the Council?

Describe your experience, positive or negative, as a patient and/or family member at Meade District Hospital. *(add additional pages if needed)*

Please provide an interesting statement including, but not limited to, the following information:

Why you are interested in Council membership

What patient advocacy means to you

Why you believe you will be an advocate for patient and family care

What quality and skills you will contribute to the Council

The amount of time you are able to commit to Council work

Examples of your experience in working with groups

*(add additional pages if needed)*

Please provide two non-family references from a community organization or work. Include name, phone number and address of your references.

### Conditions of Volunteer Services

I certify that the statements made in this application are true and correct and have been given voluntarily. I understand that I will not be paid for my services as a volunteer member of the Council. I agree to respect patient confidentiality and to uphold the traditions and standards of Meade District Hospital. I understand that membership on the PFAC will be based upon approval from administration and hospital staff on the PFAC. By signing this application, I am authorizing the staff of the Advisory Council to discuss my participation in the program with my, or my family member's clinical care staff, including physicians, mid-levels and nurses.

As a Patient Family Advisor, I will demonstrate a readiness to help others, maintain respect for collaboration and assist Meade District Hospital in delivering quality patient and family care.

I understand that membership on the Council requires my commitment to attend Council meetings at minimum six times annually and to provide insight on committees, task forces and/or special projects throughout my term. Membership terms are one year in length and may be renewed for an additional one-year term to total a two-year maximum term.

Applicant signature/date: \_\_\_\_\_

For those applying as a family member: In order to assure compliance with the Federal HIPAA regulations, family members must include that patient's name and obtain his/her signature to indicate that he/she understands you may use his/her name and/or medical history information in your capacity as Patient Family Advisor.

Patient Name: \_\_\_\_\_

If applicable, patient signature/date: \_\_\_\_\_