

Patient Experience Advisory Council Application Form

Thank you for your interest in joining Chelsea Hospital Patient Experience Advisory Council (PEAC).

As we value each of your unique attributes and talents, we ask that you complete this application and tell us more about yourself!

Name (First and Last): _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Home phone: _____ Cell phone: _____ Email address: _____

Preferred contact (circle one): **Home phone** **Cell phone** **Email**

These questions are optional and help us make our communities as diverse as possible: Please check all that apply.

Ethnicity:

African American ___ Latino/Hispanic ___ Caucasian-American ___
Asian ___ American Indian or Alaska Native ___ Middle Eastern ___
Native Hawaiian/Pacific Islander ___ Other ___

Religion:

Catholic ___ Christian ___ Jewish ___ Muslim ___ Hindu ___
Jehovah Witness ___ None ___ Other ___

Physical Challenges:

Hearing ___ Ambulation ___ Sight ___ Speech ___ Other ___

Age:

18-24 ___ 25-29 ___ 30-49 ___ 50-64 ___ 65-79 ___ 80+ ___

Gender:

Male ___ Female ___ Other ___

Language(s) spoken: _____ Read _____ Write _____

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The following questions will help us get to know you better.

1. Were you a...

- Patient
- Family member of a patient

2. When was your care experience at this hospital? (Check all that apply.)

- 2019 to current year
- 2010-2015
- 2009 or earlier

3. Which unit(s) provided care for you or your family member: (check all that apply)

- Emergency Room
- Inpatient Unit
- Outpatient Services
- Other

4. We recognize that our patient and family advisors have busy lives. How much time are you able to commit to being a patient and family advisor? (Check one)

- Less than 1 hour per month
- 1 to 2 hours per month
- 3 to 4 hours per month
- More than 4 hours per month

5. Are you available to serve as an advisor for at least 1 to 2 years?
(You can still be an advisor if you answer "no.")

- Yes
- No

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6. How do you want to help? I want to:

- Serve as a member of the patient and family experience advisory council. Potential advisory council members should be ready to commit to serving on the council for at least 1 to 2 years. The advisory council meets once a month for 1 hour 15 minutes.

Areas of focus include but are not limited to:

- Reviewing or developing informational materials for patients and families
 - Improving patient safety and the prevention of medical errors
 - Improving the patient and family role in care in care decision-making.
 - Helping improve the hospital facilities (example: patient care areas, or family waiting rooms)
 - Reviewing procedures and provide input to improve the hospital admission process or transitions in care (example: between hospital units or discharge from hospital to home)
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Please tell us about yourself.

- 7. Why do you want to become a patient and family advisor? Please briefly describe any experience you may have as an advisor, as an active volunteer, or as a public speaker.**

- 8. Please describe any specific things that doctors, or hospital staff did or said while you or your family members were in the hospital that was helpful to you or your family.**

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9. Please describe any specific things that doctors, and hospital staff could have done differently to be more helpful while you or your family member were in the hospital.

10. Our patient and family advisors reflect the diversity of the patients and families we serve. Please share anything about yourself that you think would add to the diversity of our team of advisors.

After your application is received and reviewed, you will be contacted to further discuss your interest and answer any questions you may have, followed by arranging an interview. Thank you for your time and interest. Prior to your participation you will be provided with training and next steps for a successful volunteer experience.

Signature _____ Date _____

Please return this form to:

Lori Williams
Chelsea Hospital
775 S. Main St.
Chelsea MI, 48118
734-593-5409

Lori.s.williams@trinity-health.org