

Join Our Patient & Family Advisory Panel



Patient and Family Advisory Panel Application

The Patient and Family Advisory Panel (PFAP) is dedicated to improving quality in patient and family care at USMD Hospital at Arlington. The Advisory Panel is comprised of past and present patients and families and USMD staff members, including physicians, nurses, safety and service specialists and managers.

Patients and their families are often the most knowledgeable members of the care team, and offer unique insight, perspective and valuable feedback regarding the standard of inpatient and outpatient care received at the hospital. Patient advisors provide insights across a variety of medical disciplines, and represent the views of a diverse patient group, with members comprised of different genders, ages, incomes and geographic locations.

The Advisory Council, which meets on a quarterly basis, works to

- Identify patient and family needs and concerns.
- Provide feedback on current systems and processes in the hospital.
- Generate new ideas to improve the standard of care.
- Act as catalysts and advocates to integrate patient-centered care across the institution.

Join our Patient & Family Advisory Panel

Complete and mail the following form to:

Guest Relations
C/O Patient & Family Advisory Panel
801 W. Interstate 20
Arlington, TX 76017

Join Our Patient & Family Advisory Panel



Please print:

Full name

Address

City

State

Zip

Home phone

Cell phone

Work phone

E-mail address

Emergency contact name

Phone

Language(s) you speak

Can we share your contact information with other advisory members?

Yes

No

How do you know us?

I am/was a patient

I'm a family member of a patient

We are looking for advisors with diverse USMD Health System experiences and appreciate your sharing any information. Be assured that this information will remain confidential.

My experience includes: Overnight stay (inpatient)

Emergency Department Care

Day surgery (outpatient)

Other programs, departments, or services

Both inpatient and outpatient

Name of provider(s)

This took place:

Within the past 3 months

More than 3 months ago

More than 6 months ago

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What care have you or your family member received in the past two years?

- | | | |
|---|---|---|
| <input type="checkbox"/> Bariatrics | <input type="checkbox"/> General surgery | <input type="checkbox"/> Physical therapy |
| <input type="checkbox"/> Breast surgery | <input type="checkbox"/> Gynecology | <input type="checkbox"/> Reconstructive surgery |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Nephrology/kidney | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Colorectal | <input type="checkbox"/> Neurosurgery | <input type="checkbox"/> Surgical ICU |
| <input type="checkbox"/> Ear, nose and throat | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Gastroenterology/GI | <input type="checkbox"/> Orthopedic surgery | <input type="checkbox"/> Other _____ |

When are you able to volunteer or attend meetings? (check all that apply)

- Daytime
 Evening
 Weekend

I'm interested in helping with: (check all that apply)

- Developing/improving educational materials for patients and staff
 Improving the hospitalization (inpatient) experience for adults
 Improving the emergency care experience
 Improving the hospital (outpatient surgery) care experience
 Improving the oncology care experience
 Educating medical staff, new employees, and other staff about clear communication and friendly patient care
 Providing input into the development of facilities
 Improving the coordination of care and the transition to home and community care
 Other:

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Tell us about your or your family's experience with USMD. What did you like about it? What would you change?

Why would you like to serve as an advisor?

Have you served as an advisor or volunteer before? Have you done any public speaking? Tell us about it.

Is there anything else that you would like us to know?

Do you know anyone else who would like to serve as an advisor?
Please call them for us or list their name(s) and phone number(s) here:

Please return this form to:

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