

## **Overview and Membership Application**

### **About the Council:**

Thank you for your interest in joining the Columbus Community Hospital Patient and Family Advisory Council (PFAC).

### **PFAC Mission:**

The Patient and Family Advisory Council will empower patients and families to take an active role in improving the patient experience at Columbus Community Hospital (CCH).

### **PFAC Vision:**

The vision of the CCH Patient and Family Advisory Council is to help CCH achieve a level of care in which patient and family involvement is welcomed and prioritized. The goal of the partnership between the Council and CCH is to develop strategies to deliver care that is safe, equitable, effective, efficient, timely, as well as patient and family centered.

### **Application Process:**

Prospective PFAC applicants are required to complete the attached membership application and return the completed application vis US Postal Service, email or fax to:

**Dona Kudron, Patient Experience Manager**  
**Columbus Community Hospital**  
**4600 38th Street**  
**Columbus, NE 68601**  
**Email: [djkudron@columbushosp.org](mailto:djkudron@columbushosp.org)**  
**Fax: 402-562-3376**

Applications will be reviewed upon receipt. Potential members will be contacted for on-site interviews. Accepted applicants will complete health screening requirements (documentation of vaccine history and a TB test), a criminal background check, and will be required to attend on-site volunteer and PFAC training.

If you have any questions about the application process or PFAC, contact Dona at 402-562-4624.

***Please note: CCH employees, physicians, volunteers and board members and their immediate family members are not eligible to serve on the PFAC.***





# 2019 PFAC Membership Application

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Occupation/Current Employer \_\_\_\_\_

Have you and/or your family member been a patient at CCH within the last 12 months?  YES  NO

Which program/department/services were involved in you or your family member's care? Please list all that apply. (Example: Inpatient, Surgery, Emergency Department, Clinic/Office [Orthopedics, Otolaryngology, Plastic Surgery, General Surgery, Wound Clinic], Diagnostic Imaging, Laboratory, Infusion Center, Rehabilitative Services, Swing Bed/SNU)

\_\_\_\_\_  
\_\_\_\_\_

How would you describe your or your family member's experience at Columbus Community Hospital?

\_\_\_\_\_  
\_\_\_\_\_

Why would you like to serve on the PFAC?

\_\_\_\_\_  
\_\_\_\_\_

What is your previous/current volunteer experience?

\_\_\_\_\_  
\_\_\_\_\_

Do you have any interests, hobbies, skills or special training you think is relevant to serving on the PFAC?

\_\_\_\_\_  
\_\_\_\_\_

What health care issues are of special interest to you? (Examples: Developing patient and family education materials, enhancing the patient experience, ensuring patient safety and the prevention of medical errors, providing input for facility improvements, improving the coordination of care, developing technology, enhancing websites and patient portals)

Are you currently employed by or volunteer at CCH?  YES  NO

Have you been previously employed by or volunteered at CCH?  YES  NO (If Yes, when: \_\_\_\_\_)

Do you have relatives who are employed by or volunteer at CCH?  YES  NO

If Yes, please list your relative, their relationship to you and their position: \_\_\_\_\_  
(Relative Name/Relationship/Position)

We believe the PFAC should reflect the diversity of patients and families who receive care at Columbus Community Hospital. Please share anything about yourself that you think would add to the diversity of our council. Consider diversity to be any of the following or more: ethnic, racial, spiritual, social, economic, educational, geographical, gender, sexual orientation, unique family structure, disability, chronic illness, single parent, full-time parent, grandparent, student, etc.

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