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| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Patient and Family Advisory Council for Quality and Safety (PFACQS)**  **Associate Questionnaire** | | | | | | | | | **Applicant Information** | | | | | | | | | Name: | | | | | | | | | Email address: | | | | | Phone: | | | | Mailing address: | | | | | | | | | City: | | | | | State: | | ZIP Code: | | **Please tell us about your experience at MedStar Health.** | | | | | | | | | 1. Have you ever been hospitalized at MedStar Southern Maryland Hospital Center for more than 24 hours? | | | | | | | | |  | Yes | No |  | | | | | |  | If your answer is YES, how long was your longest hospitalization? | | | | |  | | | 1. Have you ever been a caregiver for a patient who was hospitalized at MedStar Southern Maryland Hospital Center  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? | | | | | | | |  |  | | | | | | | | 1. How many times have you or a person in your care been hospitalized at MedStar Southern Maryland Hospital  Center in the last three years? | | | | | | | | |  |  | | | | | | | | 1. How would you describe your hospital experience at MedStar Southern Maryland Hospital Center? | | | | | | | | |  |  | | | | | | | | 1. What did the hospital do well during your stay or your loved one’s stay? | | | | | | | | |  |  | | | | | | | | 1. What could the hospital have done better? | | | | | | | | |  |  | | | | | | | | **Please tell us more about you.** | | | | | | | | | 1. How long have you worked at MedStar Southern Maryland Hospital Center? | | | | | | | | |  |  | | | | | | |  | | 1. What is your role at MedStar Southern Maryland Hospital Center? | | | | | | | | |  |  | | | | | | | | 1. Do you volunteer in your community? If so, for which organizations? | | | | | | | | |  |  | | | | | | | | 1. Do you feel comfortable working in groups, speaking up and providing input? | | | | | | | | |  |  | | | | | | | | 1. Is English your first language? | | | | | | | | |  | Yes | No |  | | | | | |  | If No, what is your primary language? | | |  | | | | | **Eligibility Criteria:** | | | | | | | | | 1. Are you able to attend meetings at MedStar Southern Maryland Hospital Center during weekday evenings? | | | | | | | | |  | Yes | No |  | | | | | | 1. 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 |  | | | | | |