



**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 St. Mary's Hospital for more than 24 hours?

- Yes No

If your answer is YES, how long was your longest hospitalization?

2. Have you ever been a caregiver for a patient who was hospitalized at MedStar St. Mary's Hospital 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?

3. How many times have you or a person in your care been hospitalized at MedStar St. Mary's Hospital in the last three years?

4. How would you describe your hospital experience at MedStar St. Mary's Hospital?

5. What did the hospital do well during your stay or your loved one's stay?

6. What could the hospital have done better?

If you need more room, please feel free to use additional pages.

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MedStar Health

Institute for Quality and Safety

Please tell us more about you.

1. How long have you worked at MedStar St. Mary's Hospital?
2. What is your role at MedStar St. Mary's Hospital?
3. Do you volunteer in your community? If so, for which organizations?
4. Do you feel comfortable working in groups, speaking up and providing input?
5. 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 St. Mary's Hospital during weekday evenings?
 Yes No
2. 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

PLEASE RETURN YOUR COMPLETED APPLICATION TO:

MedStar St. Mary's Hospital
Attn: MaryLou Watson
25500 Point Lookout Rd. • PO Box 527 • Leonardtown, MD 20650

MedStarStMarys.org

Knowledge and Compassion
Focused on You