Patient and Family Advisory Council for Quality and Safety (PFACQS) 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 Washington Hospital Center 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 Washington 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?   ____________________________

3. How many times have you or a person in your care been hospitalized at MedStar Washington Hospital Center in the last three years?   ____________________________

4. How would you describe your hospital experience at MedStar Washington Hospital Center?   ____________________________

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

6. What could the hospital have done better?   ____________________________
Please tell us more about you.

1. Do you volunteer in your community? If so, for which organizations?

   __________________________________________________________

2. Do you feel comfortable working in groups, speaking up and providing input?

   __________________________________________________________

3. 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 Washington Hospital Center during weekday evenings?

   □ Yes  □ No

2. Are you willing to take the necessary immunizations to serve on the Patient Family Advisory Council for Quality and Safety?

   □ Yes  □ No

3. 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

4. Are you willing to undergo a background check?

   □ Yes  □ No

PLEASE RETURN YOUR COMPLETED APPLICATION TO:

MedStar Washington Hospital Center
Attn: Mani Rajamarthandan
110 Irving St., NW • POB South Suite 316 • Washington, DC 20010

MedStarWashington.org