

Highpoint Health Sumner



Patient and Family Advisory Council (PFAC) Application

Thank you for your interest in serving as a member of Highpoint Health – Sumner with Ascension Saint Thomas’ Patient and Family Advisory Council (PFAC).

Are you a Patient or Family Member of a Patient

Council Member Requirements

1. You or a family member received care at Highpoint Health—Sumner with Ascension Saint Thomas (either inpatient or used outpatient services) in the last 5 years.
2. You are willing to tell your experience story.
3. You are willing to participate in meeting discussions.
4. You are willing to review education, information materials, and scoring data.
5. Can meet quarterly for 1-2 hours (missing no more than 2 meetings per year) and commit to a 2-3 year active membership.
6. Will support our hospital team and the continuous efforts to improve our care and community relationships.
7. Can model the Lifepoint values of **Champion Patient Care, Do the Right Thing, Embrace Individuality, Act with Kindness, and Make a Difference Together.**
8. Builds a collegial working relationship with other committee members that contributes to consensus.

Applicant Information

Name: _____ Date: _____

Street Address:

City: _____ State: _____

Email Address: _____ Cellphone: _____

Preferred Contact (Circle One): **Home Phone** **Cell Phone** **Email**

Education

1. When was your hospital experience? (Select all that apply):

- 2018 2019 2020 2021 2022 2023

2. Which specific unit(s) provided care for you or your family member?

3. We recognize our Patients and Family Advisors have busy lives. How much time are you able to commit to serving as a patient/family advisor:

1-2 hours monthly 1-2 hours every other month 1-2 hours quarterly

4. Are you available to serve as an advisor for at least 2-3 years?

Yes No

5. Please explain why you are interested in serving as a member of the Patient and Family Advisory Council (PFAC)?

6. Please describe any experience you may have as an advisor, an active volunteer in our community, or as a public speaker.

7. Please describe any **specific** thing(s) that a nurse, doctor, or hospital staff said or did while you or your family member were in the hospital that were helpful to you or your family.

8. Please describe any **specific** thing(s) that a nurse, doctor, or hospital staff could have done differently to be more helpful while you or your family member were in the hospital.

9. Our patient and family advisors reflect the diversity of the patients and families we serve. Please share anything about yourself that you think would add to the diversity of our team of advisors.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Please return this complete form to Judi Wright at Judi.Wright@LPNT.net.

You may return the form by mail to:

Highpoint Health – Sumner with Ascension Saint Thomas
555 Hartsville Pike
Gallatin, TN 37083

