Patient & Family Advisory Council
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ADVISOR APPLICATION

SMH | Ochsner

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home phone: _____ Cell phone: _____

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▶ Please choose all categories that apply to you:

SMH Patient   Family Member of an SMH Patient   SMH Volunteer   Retired SMH Employee

▶ Please select the type of care that you or your family member have received at SMH (check all that apply):

Inpatient (hospital stay)   Outpatient (clinic visit)   Emergency Department

▶ If you or a family member have ever been a patient at SMH, please list the specific departments/units that have provided care and/or assistance to you or a family member in the past 2 years:

_____

_____

▶ Select the time frame that best describes when you or a family member received care at SMH (check all that apply):

Prior to 2005   2005 – 2015   2015 – present

▶ Describe what "exceptional patient care" and "healthcare with peace of mind" means to you:

_____

_____

▶ What could SMH do differently for patients?

_____

_____

▶ Which topics would you like to see the Patient & Family Advisory Council discuss? Check all that apply:

Patient satisfaction   Patient education   Patient experience for outpatient visits

Patient experience in emergency care   Patient experience in surgery area   Patient experience for inpatient visits

Patient safety │ prevention of errors Employee education (ie effective communication)

Coordination of care   Transition to home │ community care

New or updated policies │ practices   Facility design │ planning

▶ Other issues of special interest (please list):

_____

_____

please proceed to next page

▶ We believe the Patient & Family Advisory Council should reflect our family members who are consumers of healthcare services. In light of this, please share how your participation and experience would add to the council's diversity:

_____

_____

▶ Meetings are usually held quarterly on the last Tuesday of each month at 3pm and could last around 2 hours. We ask for a commitment of at least 1 year to the council. Would you be available to attend meetings on a consistent basis?

   Yes   No

▶ How did you find out about the Patient & Family Advisory Council?

   SMH employee   Card in the mail   Poster at SMH   SlidellMemorial.org   Other

Thank you for your interest in serving on the Patient & Family Advisory Council!

If you have any questions, please call Dottie Mitchell: (985) 280-8837.

Please complete this form and return at your earliest convenience by mail, fax or e-mail.

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Slidell, LA 70458

Fax: (985) 280-9496

PFAC@Slidellmemorial.org