

EMPLOYEE APPLICATION

Name: _____

Department: _____

Email: _____

Direct extension: _____ Main office line: _____

▶ Please choose **all categories** that apply to you:

- SMH Employee
- SMH Patient
- Family Member of an SMH Patient

▶ What type of care best represents what you do at SMH:

- Clinical
- Non-Clinical

▶ If **clinical**, select the department that best represents where you work at SMH:

- Hospital
- Clinic
- Emergency Department
- Surgery

▶ Select the **timeframe** that best represents how long you have worked at SMH:

- 0 – 2 years
- 2 – 5 years
- 5 – 10 years
- 10+ years

▶ 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

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▶ Other issues of special interest ([please list](#)):

▶ 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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