

Patient and Family Advisor Application Form

Name (First and Last): _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Home phone: _____ Cell phone: _____ Email address: _____

Preferred contact method (circle one): Home phone Cell phone Text Email

Preferred language(s) spoken? _____

The following questions will help us get to know you better.

1. Are you/ were you a...

Patient Family member of a patient

2. When was your care experience at this hospital? (Check all that apply.)

2024-2025 2018- 2019
 2022-2023 2017 or before
 2020-2021

3. Which unit(s) provided care for you or your family member: (check all that apply and note the floor/unit ie. Medical /Surgical- D3)

Medical Surgical _____ Mother/Infant_____
 Critical Care _____ Procedural area_____
 Telemetry _____ Emergency Department

4. Are you available to serve as an advisor for at least 1 to 2 years? Yes No

5. How much time are you able to commit to being a patient and family advisor? (Check one)

Less than 1 hour per month 3 to 4 hours per month
 1 to 2 hours per month More than 4 hours per month

6. How do you want to help? I want to: (Check all of your interest areas)

Serve as a member of the patient and family advisory council (for at least 1 to 2 years) Review procedures and provide input to improve the hospital admission process.
 Help develop or review informational materials for patients and family members. Review procedures and provide input to improve transitions in care (between hospital units or discharge from hospital to home).
 Help improve patient safety and the prevention of medical errors. Provide input as we implement bedside shift report (where nurses who are going off duty share information with nurses coming on duty at the patient's bedside)
 Help improve the patient and family role in care decision making.
 Help educate or train hospital staff and clinicians.

Please tell us about yourself.

7. Why do you want to become a patient and family advisor?
8. Briefly describe any experience you may have as an advisor, as an active volunteer, or public speaker.
9. Describe any specific things that doctors, or hospital staff did or said while you or your family members were in the hospital that were helpful to you or your family.
10. Describe any specific things that doctors, and hospital staff could have done differently to be more helpful while you or your family member were in the hospital.
11. 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.

Please return this form via email to: RCHOPatientSafety@hcahealthcare.com or mail to : Riverside Community Hospital, Attn: Patient Safety Department, 4445 Magnolia Avenue, Riverside, CA 92501. We will notify you when review is complete of next steps.

