



MedStar Health

Institute for Quality and Safety

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 Harbor Hospital.

1. Have you ever been hospitalized at MedStar Harbor 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 Harbor Hospital 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 Harbor Hospital in the last three years?

4. How would you describe your hospital experience at MedStar Harbor Hospital?

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

6. What could the hospital have done better?



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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 Harbor Hospital 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 Harbor Hospital

Attn: Chris Roberge
3001 S. Hanover St. • Baltimore, MD 21225

MedStarHarbor.org

Knowledge and Compassion
Focused on You