



MedStar Franklin Square
Medical Center

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 Health:		
1. Have you ever been hospitalized at MedStar Franklin Square Medical Center for more than 24 hours?		
<input type="checkbox"/> Yes	<input type="checkbox"/> 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 Franklin Square Medical Center for more than 24 hours?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If you 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 Franklin Square Medical Center in the last three years?		
4. How would you describe your hospital experience at MedStar Franklin Square Medical Center?		
5. What did the hospital do well during your stay or your loved one's stay?		
6. What could the hospital have done better?		

PLEASE RETURN YOUR COMPLETED APPLICATION TO:

MedStar Franklin Square Medical Center
Attn: Risk Management
9000 Franklin Square Dr. · Baltimore MD 21237

MedStarFranklin.org



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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?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No, what is your primary language?	
Eligibility Criteria:	
1. Are you able to attend meetings at MedStar Franklin Square Medical Center during weekday evenings?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are you willing to take necessary immunizations to serve on the Patient & Family Advisory Council for Quality and Safety?	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are you willing to undergo a background check?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

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