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 Good Samaritan Hospital or MedStar Union Memorial Hospital 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 Good Samaritan Hospital or MedStar Union Memorial 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 Good Samaritan Hospital or MedStar Union Memorial Hospital in the last three years?
   ____________________________

4. How would you describe your hospital experience at MedStar Good Samaritan Hospital or MedStar Union Memorial 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?
   ____________________________
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 Good Samaritan Hospital or MedStar Union Memorial 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 Good Samaritan Hospital
Attn: Ken Walsh
5001 Loch Raven Blvd. • Baltimore, MD 21239

MedStarGoodSam.org  MedStarUnionMemorial.org