



**Patient and Family Advisory Council for Quality and Safety (PFACQS)  
 Associate 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?  
 \_\_\_\_\_



**MedStar Health**  
*Institute for Quality and Safety*

**Please tell us more about you.**

1. How long have you worked at MedStar Good Samaritan Hospital or MedStar Union Memorial Hospital?

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2. What is your role at MedStar Good Samaritan Hospital or MedStar Union Memorial Hospital?

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3. Do you volunteer in your community? If so, for which organizations?

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4. Do you feel comfortable working in groups, speaking up and providing input?

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5. 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 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

**PLEASE RETURN YOUR COMPLETED APPLICATION TO:**

**MedStar Good Samaritan Hospital**

Attn: Ken Walsh

5601 Loch Raven Blvd. • Baltimore, MD 21239

**MedStarGoodSam.org**

**MedStarUnionMemorial.org**

*Knowledge and Compassion*  
**Focused on You**