

Patient and Family Advisory Council Application

Vision

Our Patient and Family Advisory Council (PFAC) partners patients and their family members with health care providers to enhance experiences at Kaweah Delta. Patients and their family members serve on our PFAC to ensure the patient and family perspective is used to co-design safe, high-quality patient-centered care and services.

Name:						
Address:						
Home Phone:			Cell Phone:	Cell Phone:		
Email:						
Unit treated on:						
Languages Spoken:						
I am the Patient I	Parent	□ Spouse	□ Caretaker	Other		
I/my family member w	as treated i	n	_/((Month / Year)		
I/my family was treate	d in: 🗆 Em	ergency Roor	m 🗆 Inpatient	Unit Dutpatie	nt Service	
□ Other				_		
I/my family used these				nple: ER, Lab, radi	ology, surgery)	

Please tell us why you are interested in joining the Patient/Family Advisory Council?

Please describe any other committee experience you have had either in schools, community, churches etc.?

What are some things that staff did or said that made you/family member's health care experience easier?

What are some things that staff did or said that made you/family member's healthcare experience more difficult?

Please tell us the activities you might be interested in:

- ____Improving the hospitalization experience
- ____Improving the experience in the emergency department
- ____Improving the surgical experience
- ____Improving the experience in outpatient clinics
- ____Development of educational materials
- ____Improving patient safety
- ____Improving quality of care
- ____Other projects/Interests, please explain:

Please tell us the easiest time for you to attend meetings?

____Daytime

____Evening

Thank you for taking the time to tell us more about your interest in the Patient/Family Advisory Council at Kaweah Delta.

Please return this form to:

Ed Largoza, Director of Patient Experience 400 W. Mineral King Ave Visalia, CA 93291

For questions:

Please email elargoza@kdhcd.org or call Ed at 559-624-5051