



# Jackson County Memorial Hospital

## Patient and Family Advisory Council *Patient or Family Member Application*

*Please note only ten applicants will be selected for this council:  
Five community members and five Jackson County Memorial Hospital (JCMH) employees.*

*Thank you for applying.*

### **Please tell us about your experience at Jackson County Memorial Hospital**

1. Have you ever been hospitalized at JCMH 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 JCMH 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 you take care of been hospitalized at JCMH in the last two years? \_\_\_\_\_
4. How would you describe your hospital experience at \_\_\_\_\_?

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

6. What could the hospital have done better during your stay or your loved one's stay?

7. What would you like the hospital to learn from your stay or your loved one's stay?

If you have more to say, please feel free to use additional pages.



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*Please tell us more about you*

1. Please tell us your name and the best ways to reach you?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

2. Do you volunteer in your community?  Yes  No If yes, for which organizations?

3. Do you feel comfortable working in groups, speaking up and providing input?  Yes  No

4. Is English the language you primarily use when communicating?

Yes  No If your answer is no, what is your primary language? \_\_\_\_\_

5. Are you able to attend meetings at JCMH during weekday evenings?

Yes  No

6. Are you willing to take the necessary immunizations to serve on the Patient Family Advisory Council?

Yes  No

7. 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?

Yes  No

8. Are you willing to undergo a background check?

Yes  No

*Please return application to*

*Jackson County Memorial Hospital: Human Resources Department,*

*1200 East Pecan, Altus OK, 73521*