



Patient and Family Advisory Council

Employee Application

*Please note only ten applicants will be selected for this council:
Five community members and five JCMH employees.*

Thank you for applying.

***Please tell us about your interest in engaging patients and families
to improve patient safety at JCMH***

1. Why are you interested in volunteering your time to work on patient safety and quality improvement in our hospital?

2. What do you think patients and families will bring to our hospital's efforts to improve safety and quality?

3. Have you been involved with or have you seen events at our hospital that have put patients at risk for being harmed? If so, please tell us about this.

4. What more could we do as a hospital community to deliver better service to the patients and families who come to us for their health care? Are there particular patient groups or kinds of patients that you are particularly concerned about?

5. Are there any particular issues or priorities that you think the Patient and Family Partnership Council for Quality and Safety should work on?

***If you need more space, please feel free to use additional pages
and attach them to this application.***



Jackson County Memorial Hospital

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. Where do you work in the hospital?

3. What is your job title?

4. Are you active in community organizations such as churches, schools or volunteer groups? If so, please tell us which ones.

5. Would you be comfortable participating in a group where there could be suggestions and complaints about hospital policies or hospital staff members?

Please submit your application to

JCMH Human Resources