

Patient and Family Advisory Council Application

Harrington Hospital's PFAC Council

Member Information and Application (Patient or Caregiver)

What is the Patient and Family Advisory Council?

Harrington Hospital's Patient and Family Advisory Council is a group of committed patients, caregivers, healthcare providers and community members who work together to improve overall safety for the patients we serve.

What are the criteria for being a council member?

1. Able to attend meetings every quarter, more often when and if needed (date, time and location to be determined)
2. Must maintain appropriate and confidential handling of personal information
3. Able to listen to differing opinions and share different points of view
4. Be positive and supportive of the project's mission
5. Comfortable speaking in a group with candor
6. Able to use their experience constructively
7. Able to work productively and collaboratively with council members whose background, experience and style may be different than their own
8. Able to reflect on issues and priorities that are different than their own

What are the responsibilities of a council member?

1. Be accountable to those whom they represent
2. Reach out broadly and listen to other patients, families, healthcare providers and community members
3. Be committed to improve care for all patients and family members
4. Maintain confidentiality at the council meetings and outside the meetings
5. Respect the collaborative process and the council as the forum to discuss issues
6. Be willing to listen to differing views
7. Encourage all council members to share ideas and viewpoints

What is the time commitment for council members?

Council members make a commitment of one year. The Council will meet every quarter at a date, time and location to be determined by the members. Council members may be asked to participate in activities such as educational workshops and community outreach.

Harrington

HEALTHCARE SYSTEM

Total Local Care

COUNCIL MEMBER APPLICATION FORM – PATIENT OR CAREGIVER

Please Print

Date: ___ - ___ - ___

Name:

(Last) (First) (MI)

Mailing Address:

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ - _____ - _____

Work Telephone: _____ - _____ - _____ (optional)

Cell Telephone: _____ - _____ - _____

Email Address: _____

1. What is your preferred way of receiving communication about the council?

Email Regular Mail

2. Is it ok to share your contact information (address, telephone number, email address) with other members of the council?

Yes No

3. I am: (please fill in the following)?

A patient A family member of a patient A member of the community

4. Have you received care at Harrington Hospital?

Yes No

5. Please choose times when you are available to attend meetings: (fill in all that apply)

Daytime Evenings

Harrington

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6. Do you have any special needs we should be aware of?

7. Why would you like to be on the Harrington Hospital Patient and Family Advisory Council?

8. What special interest or experiences would you like to offer to the Council?

9. Please note any questions or concerns:

Return this application to:

Harrington Hospital
Patient and Family Advisory Council (PFAC)
ATTN: Rae-Lynn Salisbury
100 South Street
Southbridge, MA 01550

Contact:

Phone: 508-909-7769