

**PATIENT AND FAMILY ADVISORY COUNCIL (PFAC)**

**INFORMATION SHEET**

**What is the Patient and Family Advisory Council?**

Tampa General Hospital’s Patient and Family Advisory Council (PFAC) is a diversified group of patients who regularly meet to advise Tampa General Hospital on how we can enhance the patient experience by providing better patient-centered care and fulfill our goal of becoming the healthcare choice for our community. Join our Patient and Family Advisory Council and help us create patient-centered care through your insight and voice.

**Why should I join the PFAC?**

By becoming a PFAC member and sharing your unique experience, you can help us improve our services and make a difference in the lives of other patients and their families. If you are selected to become a member, you will be asked to serve a maximum three-year term. There is no educational background or experience required.

**Who is eligible to serve on PFAC?**

To become a member of the PFAC, you must:

* Be a former patient, family member and/or caregiver
* Be able to commit to serve yearly for a maximum of three years
* Share Tampa General Hospital’s commitment to excellence in patient-centered care
* Have a positive approach and ability to share and see different points of view

**How can I join PFAC?**

You must complete an application and go through an interview. Space is limited so it is possible that not all applicants will be able to serve on the Council, but all applications will be kept on file as future openings occur. Please contact the Patient Experience Office at (813) 844-8152 if you are interested in completing an application.

***We are currently accepting applications for the PFAC.***

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**MEMBERSHIP APPLICATION**

*Thank you for your interest in the Patient and Family Advisory Council. Membership requires your successful completion of the registration process with Tampa General Hospital, including but not limited to: a health screening, which includes TB testing, a criminal background check, a formal interview process, and a mandatory orientation. All of your information will be treated as confidential.*

**Please PRINT all information clearly.**

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| Name: |
| Address: City/State/Zip Code: |
| Telephone Number(s): *Please indicate your preferred telephone number and the best time to reach you:*Work: Home: Cell: i Email Address: Time preferred: AM: PM:  |
| Please indicate your willingness to share your contact information with other members: 🞏Yes 🞏NoPlease check all that apply: I am the 🞏Patient 🞏Spouse/significant other 🞏Caretaker 🞏OtherI have been treated at Tampa General Hospital since (year)Additional language(s) spoken: iPlease tell us which service(s) you/your loved one have used during the last two years: |
| Please tell us which activities you might be interest in: |
| 🞏🞏🞏🞏🞏 | Reviewing policies and proceduresImproving the experience for patients and their familiesDeveloping educational materialsImproving patient safetyOther projects/interests, please explain: |
| Please tell us why you are interested in joining the Patient and Family Advisory Council:Please describe any other committee experience you have had either at schools, in the community, through churches, etc.? |
| Do you have experience with public speaking? 🞏Yes 🞏NoAre you comfortable speaking in a group setting? 🞏Yes 🞏No  |
| What are some things the staff did or said that made your experience at Tampa General Hospital more difficult? |
| What are some things the staff did or said that made your family’s experience at Tampa General Hospital easier for you? |
| What is the easiest way for you to participate in meetings? 🞏In Person 🞏Conference Call |

**Please return your application via email to** **tzalduendo@tgh.org** **or mail to:**

**Tampa General Hospital**

**Patient Experience Office**

**1 Tampa General Circle**

**Tampa, Florida 33606**

***Thank you for taking the time to tell us about your interest in the Patient and Family Advisory Council at Tampa General Hospital.***