

4. What special interest or experience would you like to offer the council?

5. Are there specific concerns that you would like addressed by the Patient & Family Advisory Council?

6. We believe the Patient & Family Advisory Council should reflect the cultural diversity of families who are consumers of our hospital services. Please share anything about yourself that would add to the diversity of our council.

If selected as a member of the Patient & Family Advisory Council, you are committing to one evening meeting per month.

As a PFAC member not sitting on the Council, you will be given opportunities to participate on committees, workgroups, and/or virtually via email requesting your input on applicable items.

If you prefer not to participate on the Patient & Family Advisory Council and wish to be considered only for other workgroups, committees, and virtual advising, please check here:

Patient Family Advisor available for other committees, projects, or virtual participation on an as-needed basis.

HOW TO APPLY

- **Visit** our website: umms.org/rehab/patients-visitors/family-advisory-council
- **Mail** your application to: Patient Experience
2200 Kernan Drive
Baltimore, MD 21207
- **Drop off** application in Main Entrance or Cafeteria of University of Maryland Rehabilitation and Orthopaedic Institute



2200 Kernan Drive
Baltimore, MD 21207

umrehabortho.org



Patient & Family Advisory Council

Partnerships Between Patients, Families & Providers



At the University of Maryland Rehabilitation & Orthopaedic Institute, we know that to fulfill our mission to provide *Safe, Effective, Patient Centered, Timely, Efficient and Equitable Care*, we must partner with our patients and families to give them a voice in our understanding of the patient experience and the design, development and implementation of how care is delivered. That is why we are seeking volunteers from our community to apply for membership on the Patient & Family Advisory Council (PFAC).

WHAT IS THE PATIENT & FAMILY ADVISORY COUNCIL?

- A partnership between patients and families with members of the health care team to provide guidance on how to improve the patient and family experience, quality of care and patient safety
- We are a group of patients, family members, and hospital staff who advise the hospital's leaders about issues that are important to the patients and families who use this hospital.

WHAT CAN PFAC DO FOR THE HOSPITAL?

- Provide input on policies, programs and projects
- Help develop or review informational materials for patients and their families
- Recommend changes and define action plans

WHAT CAN PFAC DO FOR PATIENTS AND FAMILIES?

Through their unique perspectives, members will:

- Give input on issues that impact the quality and delivery of care, ensuring that the next patient or family member's experience is the best it can possibly be.
- Speak up for patients and families by ensuring their views are taken into account when plans are developed.
- Serve as a link between the hospital and the community of patients and families.



Perforated Edge

WHO CAN JOIN?

We welcome individuals who are:

- Patients who have received UM Rehab's care.
- Closely involved family members of our patients.

WHAT IS IN IT FOR YOU?

- Gain better understanding of the health care system
- Use personal experience to make a difference and give back to your community
- Have a venue to express your opinions, thoughts and desires
- Generate new ideas and participate in future planning

QUALIFICATIONS:

Advisors are asked to:

- Serve a 1-year term.
- Commit to one evening a month for meetings.
- Be able to listen to differing opinions and share their point of view.
- Be positive and supportive of the hospital's mission
- Be able to work productively and collaboratively within a group.

I AM INTERESTED... WHAT IS THE NEXT STEP?

We invite you to complete the attached application form. We will interview all interested parties to find the best match.

If you need additional information, please contact:

Patient Experience Department
410-448-6701
patientexperience@umm.edu

FAMILY & PATIENT ADVISORY COUNCIL MEMBERSHIP APPLICATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE NUMBER _____

CELL PHONE NUMBER _____

EMAIL ADDRESS _____

I am a Patient Family Member

1. At which location did you or a family member receive care?
 Inpatient Outpatient Ambulatory Other
2. Tell us about your hospital or health care experience with UM Rehab Health and/or elsewhere. What was great about your experience? What could have been done to improve your experience? Should you require additional space, email or add attachment.

3. Why would you like to be on the Patient & Family Advisory Council?

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