

Patient Family Advisory Council (PFAC)

Membership application

Thank you for your interest in the SSM Health PFAC. Applicants will be selected by the SSM Health patient experience coordinators. All applicants are subject to: personal interview with PFAC coordinators and willingness to abide by all of SSM Health's PFAC Guidelines.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone Number(s):

Work: (_____) _____ Home: (_____) _____

Cell: (_____) _____

Email: _____

Preferred method of communication: _____

Did you or a family member experience care at SSM Health? Self Family Member

What motivates you to join our PFAC? _____

Have you done any other volunteer work? (If so, what?) _____

What did you enjoy most about your previous volunteer work? _____

What else would you like us to know about you? _____

I understand that this is a volunteer position and that I will not be paid for my service on the PFAC.

Applicant's Signature _____ Date _____

Please return to: SSM Health, Attn: Nicole Lloyd, 430 E. Division Street, Fond du Lac, WI 54935

The Patient Family Advisory Council (PFAC) is a council made up of SSM Health associates, patients, and families. The members of this council will partner to promote quality, improve safety, increase patient engagement, and support the patient experience.

Our PFAC will be instrumental in helping SSM Health shape and enhance the patient experience. If you are interested in becoming a member, please complete this application.

Our council will:

- Provide a consistent way to receive and respond to patient/family input.
- Promote respectful, effective partnerships between patients, family, and clinicians/care teams.
- Develop a partnership between patients/families and staff/providers.
- Improve safety and quality.