



The Hospital You Trust
To Care For Those You Love

Application for Patient and Family Advisor

As the hospital where patients and families choose to get their care, we will partner with a wide range of patient and family advisors representing the diverse nature of our community. These advisors will help us realize an environment where our patients are calm, confident and comfortable by providing their perspective on the pillars of Quality, Service, People, Cost and Growth.

Please print:

Name: (Last) (First) (MI)

Address:

City: State: Zip Code:

Home Phone: (10 digits) Cellular Phone: (10 digits)

Work Phone: (10 digits) Fax: (10 digits)

E-mail Address:

Language(s) You Speak:

Will you allow your contact information to be shared with other committee/advisory council members? Yes No

I am: A patient A family member of a patient.

My care provided at Desert Regional Medical Center was primarily: (check all that apply)

- Hospitalization (inpatient) Clinic visit (outpatient)
Emergency Department care Other programs, departments, or services
Both inpatient and outpatient

The dates of my active care experience at Desert Regional Medical Center include: (check all that apply)

- Within the last year Between one and 5 years Greater than five years

Within the past two years, what care services have you or your family member used? (check all that apply)

- Radiology Services Gastroenterology/GI Lab Cardiology/Cardiac Cath Lab
Surgery/OR Laboratory Services Intensive Care Unit (ICU)
Pregnancy/Obstetrics/Labor & Delivery Clinical Cancer Center
Rehabilitation Neonatal Intensive Care (NICU) Bariatrics/Diabetes
Pediatrics Skilled Nursing Unit (4 East) Inpatient Hospital
Institute for Clinical Orthopedics and Neurosciences (ICON) Admitting/Financial Services/MEP
Nutrition Services Emergency Services Other

Why would you like to serve as an advisor?

Please list times when you are able to attend meetings: (check all that apply)

Daytime:

Evening:

I would be interested in helping with (identify all of your interest areas):

- Reviewing patient and family satisfaction tools.
- Developing/reviewing educational materials.
- Improvement of the hospitalization (inpatient) care experience.
- Planning the design of systems of care and facilities for the surgical experience.
- Planning for the outpatient clinic or ambulatory care experience.
- Planning the design of systems of care and facilities for the emergency care experience.
- Ensuring patient safety and the prevention of medical errors.
- Educating medical students and residents, new employees and other staff about the experience of care and effective communication and support.
- Participating in facility design planning.
- Improving the coordination of care and the transition to home and community care.
- Long-term advisory council membership to have impact and influence on policies and practices that affect the care and services patients receive.
- Issues of special interest (please describe).

If you have served as an advisor, been an active volunteer committee member, or done public speaking for other programs or organizations, please briefly describe this experience:

What are some specific things that health care professionals did or said that were most helpful to you and your family?

What are some specific things that you or your family would like health care professionals to do *differently* in order to be more helpful?

Do you know other individuals and/or families who have experienced care at Desert Regional Medical Center who might be interested in serving as advisors? Please call them for us or list their name(s) and phone number(s) here:

Please return this form to:

Steed McCotter, Coordinator Patient Relations/Volunteer Services

Desert Regional Medical Center, 1150 N. Indian Canyon Dr., P.O. Box 2739, Palm Springs, CA 92263

Phone: 760-323-6312 Fax: 760-449-5376

This form is © 10/2010 by the Institute for Patient- and Family-Centered Care 6917 Arlington Road • suite 309 • Bethesda, MD 20814 • www.ipfcc.org • institute@ipfcc.org • It is used with permission.