Patients and Families

Advice to Give?

We’re Listening!

If you have any questions about this application or the Patient and Family Advisory Program, please contact, Leslie Pelton-Cairns, Project Leader for PFAC, at 617-667-4608, or speak directly with one of your care providers.

Application for Patient and Family Advisors

Thank you for your interest in volunteering as a Beth Israel Deaconess Medical Center advisor. Patient and family feedback is the best way for us to know how we are doing and how to continue to develop care and services to better meet patient and family needs.

There are a number of ways to be involved as advisors to BIDMC. Please fill out this brief questionnaire indicating your interests and availability. If you have any questions or need this application in another form, such as an alternate language, Braille or spoken word, please call 617-667-4608 or email lpelton@bidmc.harvard.edu.

Please return this application to any BIDMC reception desk, or mail to:

Patient and Family Advisory Council
Beth Israel Deaconess Medical Center
330 Brookline Avenue, Rose - 200
Boston, MA  02215

If your application matches open slots for advisors, we will contact you for an interview.

Applicants selected to participate as advisors will be considered volunteers of BIDMC. All PFAC BIDMC volunteers must agree to protect patient confidentiality and submit to a background check before serving.

We hope that you will consider being a patient/family advisor. Please share this with other patients and families you know who would like to get involved. We look forward to partnering with you!

Thank you.
Application for Patient and Family Advisors

PLEASE PRINT

Name: ________________________________
Address: ____________________________________________
City: ______________________ State: _____ Zip code: ______________
Daytime phone: ( _____ ) ______ - _________ Cellular phone: ( _____ ) ______ - _________
Evening phone: ( _____ ) ______ - _________ Fax number: ( _____ ) ______ - _________
Email address: ____________________________________________
Language(s) you speak: _______________________________________

Best ways to contact you:
☐ Daytime phone ☐ Evening phone ☐ Cellular phone ☐ Email ☐ Postal mail

1. We are hoping to find volunteers that reflect the diverse experiences of patients and families who use our hospital and clinics. Please answer the following questions regarding your experience at BIDMC.

I am or have been:
☐ A patient ☐ A family member of a patient ☐ Both patient & family member

2. Please indicate the number and kinds of visits you and/or your family member have made in the last two years. If you are responding as both a patient and a family member, please fill in both sections below.

Patient Visits
In the last two years, how many inpatient admissions to BIDMC have you had?
☐ 0 ☐ 1 ☐ 2 ☐ 3-5 ☐ more than 5
In the last two years, how many times have you had clinic (outpatient) appointments?
☐ 0 ☐ 1 ☐ 2 ☐ 3-5 ☐ more than 5
In the last two years, how many times have you visited the Emergency Department?
☐ 0 ☐ 1 ☐ 2 ☐ 3-5 ☐ more than 5

Family Member Visits
In the last two years, how many inpatient admissions to BIDMC has your family member had?
☐ 0 ☐ 1 ☐ 2 ☐ 3-5 ☐ more than 5
In the last two years, how many times has your family member had clinic (outpatient) appointments?
☐ 0 ☐ 1 ☐ 2 ☐ 3-5 ☐ more than 5
In the last two years, how many times has your family member visited the Emergency Department?
☐ 0 ☐ 1 ☐ 2 ☐ 3-5 ☐ more than 5

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

☐ Cancer Care ☐ Cardiology/Cardiac Surgery ☐ Emergency Department
☐ Gerontology ☐ GI/Liver ☐ Intensive Care Unit (ICU)
☐ Mental Health ☐ Nephrology/Kidney ☐ Neurology
☐ OB/GYN/Childbirth/Neonatal Care ☐ Ophthalmology/Eye Unit ☐ Orthopedic
☐ Primary Care ☐ Rehabilitation Services (PT/OT/Speech)
☐ Surgery ☐ Transplant ☐ Urology
☐ Urology
☐ Other ____________________________

(continued →)
4. Please tell us why are you interested in serving as a patient/family advisor and why you feel you would be a good representative for other patients/families?

________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________

5. Have you previously served at another organization(s) as an advisor, been an active volunteer committee member, or sat on a board of directors?

☐ Yes  ☐ No

If yes, please describe your experience:

________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________

6. There are a number of ways to serve as an advisor to BIDMC. Please indicate what opportunities you would be most interested in learning about.

☐ Hospital-Wide Advisory Council
Focus on issues that affect patient care throughout the hospital. Ex. Offering input to redesign a waiting room. (Commitment: 7 meetings per year for a term of 2 years. Evening meetings about 2 hours long.)

☐ Universal Access Council
Focus on how to improve accessibility and utilization of BIDMC facilities and services. (Commitment: 4-6 meetings per year for a term of 2 years. Daytime meetings about 2 hours long.)

☐ Newborn Intensive Care Unit Board
Focus on issues important to families during and after their baby’s NICU hospitalization. (Commitment: 3-4 meetings per year for a term of 2 years.)

☐ Intensive Care Unit Council
Focus on issues important to patients and families during an ICU stay. (Commitment: 6 meetings per year for a term of at least 1 year.)

☐ Department-Specific Advisory Councils
Focus on care in specific area of hospital where you or your family member received care. Ex. Advisory Council for the ED. (Commitment: Similar to hospital-wide group, but will vary depending on the group.)

☐ Hospital Committees
Join existing issue-specific hospital committees in order to offer a patient/family perspective. Ex. Attending BIDMC’s Ethics Committee meetings. (Commitment: Term and length of meetings varies depending on the committee.)

Please note: BIDMC provides parking vouchers and food during mealtimes for meetings at the hospital.

Please return to:  Patient and Family Advisory Council, Beth Israel Deaconess Medical Center, 330 Brookline Avenue, Rose - 200, Boston, MA  02215