Dear Patients and Family Members,

At Sacred Heart Hospital on the Emerald Coast, our goal is to provide high quality, compassionate healthcare that is both patient and family-centered. We are excited to announce that we are forming a Patient and Family Advisory Board, which will play an important role in guiding the hospital’s planning and policies as they relate to patient and family-centered care.

The voice of our patients and family members should be included in decisions and plans that affect them. We are looking for people in the community who are interested in serving on this board and providing our healthcare team with constructive advice to continually improve the overall patient experience.

The purpose of the Patient and Family Advisory Board is to:

- Ensure that the care at Sacred Heart is patient and family centered
- Share patient and family feedback with the hospital’s staff and leadership
- Continue to enhance the overall patient and family experience
- Provide community input for the hospital’s priorities and planning
- Build upon the positive relationships between Sacred Heart and the people we have the privilege of caring for

Membership consideration will be given based on the following criteria:

- Experience as a patient or family member at Sacred Heart Hospital on the Emerald Coast in either the inpatient or outpatient setting
- Time availability to prepare for and attend regularly scheduled meetings
- Ability to make decisions by consensus and support advisory board decisions

If you are interested in learning more about the Patient and Family Advisory Board, we encourage you to fill out the attached application and send it back with the postage paid envelope provided. All applications will be considered, and candidates will be scheduled for interviews with our healthcare team. If you have any questions, please call 850-278-3618.

Thank you for your interest in helping us continually improve the care we provide to our community!

Sincerely,

Betsy Johnson, RN
Nurse Liaison – Hospitalists
850-278-3618
ejohnson@shhpens.org
Patient and Family Advisory Board
Membership Application

Contact Information
Name (please print): ____________________________________________________________
Home Address:  ________________________________________________________________

Preferred Phone: ______________________ Alternate Phone: ______________________
Email Address:  ______________________ Preferred method of contact: ____________

Patient & Family Experience

1. Please choose one of the following:
   ___ I have been a patient at Sacred Heart Hospital on the Emerald Coast.
   ___ I have been a patient’s family member at Sacred Heart Hospital on the Emerald Coast.

2. Please list what medical services you or you family member received at Sacred Heart Hospital on the Emerald Coast: (e.g. inpatient, emergency services, outpatient diagnostics, etc.)

   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

3. What prompted your interest in the Patient and Family Advisory Board?
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

4. Have you previously served on other committees in the community? If so, please provide a list of the committees you have served on. (e.g. work, church, school, civic organizations, etc.)
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

Patient and Family Advisory Board Expectations

1. Serving on the Patient and Family Advisory Board does require a time commitment. The board will meet for two hours each month, and there will be additional opportunities to participate on a subcommittee which could result in an additional two to four hours per month. For continuity, board members are asked to commit to a two year term.

Are you willing and able to make this kind of a time commitment? _____ Yes    _____ No
2. The Patient and Family Advisory Board is a voluntary commitment, and its members are considered hospital volunteers. Hospital volunteers are in the unique position of having access to our patients and their families at times. In order to provide a safe and confidential environment for our patients, volunteers are required to attend a new volunteer orientation meeting, undergo a background screening, sign a volunteer agreement, and have a two-step tuberculosis test performed. Volunteers are provided with a name badge for identification.

Are you willing to participate in this volunteer orientation process? _____ Yes     _____ No

References & Signature

In keeping with our goal of providing a safe and confidential environment for our patients and their family members, please provide two people who can serve as a reference on your behalf. Please do not include family members.

Reference Name: _______________________________________________________________
Phone Number: ______________________  Email Address: _____________________________

Reference Name: _______________________________________________________________
Phone Number: ______________________  Email Address: _____________________________

I give permission for a representative of the Patient and Family Advisory Board at Sacred Heart Hospital on the Emerald Coast to discuss this application with the above referenced individuals.

Signature: ______________________________________________   Date: ________________

Hospital Contact Information

Thank you for your interest in the Patient and Family Advisory Board at Sacred Heart Hospital on the Emerald Coast! Please return this application to:

Betsy Johnson, RN, Hospitalist Program Liaison
Sacred Heart Hospital on the Emerald Coast
7800 U.S. Highway 98 West
Miramar Beach, FL 32550
Email: ejohnson@shhpens.org
Phone: 850-278-3618
Fax: 850-278-3644

If you have any questions about the application process or the Patient and Family Advisory Board expectations, please feel free to contact Betsy Johnson at 850-278-3618.