



Patient Family Advisory Council

What is a Patient Family Advisory Council (PFAC)?

Our Patient Family Advisory Council is composed of patients, family members, community members and hospital staff who volunteer to be advisors. Our purpose is to strengthen collaboration between patients, family members and the health care team to enhance our ability to provide superior care. The result will contribute to outstanding patient satisfaction while delivering the highest standard of safe, comprehensive and compassionate health care.

What are we looking for in an Advisory Council member?

We are seeking individuals who represent a cross-section of our community and who have chosen Denver Health Hospital for their healthcare needs. Whether you are a Denver Health patient who was a patient in the hospital, you were here for an outpatient service, or you are a family member of a patient, you offer an important perspective on how we can continuously improve. Interested community members will also be considered to serve on the Council.

Why should you serve?

- Help others by sharing your ideas and experiences. Your ideas help us learn and improve the way we communicate and deliver personal care.
- Your opinion matters. Influence the direction of activities, services, and policies at the hospital, such as new hospital programs and design, finding your way around the hospital, and improving overall patient communication. You can help shape how services or policies unfold.
- Learn more about programs that may benefit you or your family members. Serve as a resource to others in finding and accessing helpful services and programs.
- Make a difference. This is your opportunity to create positive change in the lives of individuals and their families. Sharing your thoughts and your experiences with the hospital can help ensure that the decisions made by the organization are informed ones.
- Serving on the Council may broaden your network and contacts, and build your experience.

How long will I be on the Council and what is the time commitment?

The Council will meet every other month for approximately one hour. We will provide a meal during each meeting. We ask Advisory Council members to make a one year commitment and to attend at least 4 out of 6 meetings. This is a great opportunity to make an investment in your family, your community and in yourself. Council members will serve as official volunteers for Denver Health.

What's the next step?

If you are interested in serving on our Council, please complete an application and return to Denver Health, Attention: Shannon Fristensky, 777 Bannock MC 0254, Denver, 80204. Applications will be reviewed, and candidates will be selected to come in for an interview. We welcome your interest and look forward to the good work of this Council.

For more information please contact:

Shannon Fristensky, Director of Service Excellence | Shannon.Fristensky@dhha.org
or Amy Friedman, Chief Patient Experience Officer | Amy.Friedman@dhha.org





Patient Family Advisory Council

2015 Application Form

Please complete and submit this form if you are interested in serving on Denver Health's Patient and Family Advisory Council as a patient/family advisor.

The Patient and Family Advisory Council will provide hospital administrators, physicians and staff with suggestions and constructive critique on a variety of patient and family issues concerning patient care at Denver Health and the clinics. Patient/family advisors will provide their perspective on how we serve patients and their families. Topics may also be introduced by Denver Health staff members, as well as Council members.

The Patient and Family Advisory Council will meet as a group approximately six times each year with various hospital staff. All meetings will be held at Denver Health. Patient and Family Advisors will serve a one-year term.

Name(s): _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____

Work/Cell Phone: _____

Email: _____

If you are a family member, what is your relationship to the patient(s) at Denver Health?

Mother Father Self Other _____

Have you ever been a patient at Denver Health?

Yes No

If you were or currently are a patient, where were you treated?

We appreciate your interest in serving on Denver Health's Patient and Family Advisory Council. Please complete this application form by writing brief answers to the following questions.

What is your interest in serving on the Patient and Family Advisory Council as a family advisor?

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Briefly describe your experience(s) at Denver Health.

Please tell us about yourself, please include personal/professional achievements, education, hobbies, interests, etc.

Please tell us about your family.

All information on this application form is considered confidential and will be used only by the Patient and Family Advisory Council Selection Committee. We will contact you by phone or e-mail to talk with you and discuss this opportunity to volunteer for Denver Health.

Thank you for your interest in Denver Health. If you should have any questions regarding the Council, please feel free to e-mail your questions to the following address:

Shannon Fristensky, Director of Service Excellence | Shannon.Fristensky@dhha.org

Please return your completed application form either by fax to 303-602-2927, e-mail to shannon.fristensky@dhha.org or you may mail it to the following address:

Family Advisory Council Selection Committee/Administration
Attention: Shannon Fristensky, Director of Service Excellence
Denver Health
777 Bannock Street, MC 0254
Denver, Colorado 80204

