



## **Patient and Family Advisory Council for Quality and Safety (PFACQS) Questionnaire**

### **Applicant Information**

Name:

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Email address:

Phone:

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Mailing address:

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City:

State:

ZIP Code:

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### **Please tell us about your experience at MedStar Health.**

1. Have you ever been hospitalized at MedStar St. Mary's Hospital for more than 24 hours?

Yes  No

If your answer is YES, how long was your longest hospitalization?

2. Have you ever been a caregiver for a patient who was hospitalized at MedStar St. Mary's Hospital for more than 24 hours?

Yes  No

If your answer is YES, how long was the longest hospital stay of the person you were caring for?

3. How many times have you or a person in your care been hospitalized at MedStar St. Mary's Hospital in the last three years?

4. How would you describe your hospital experience at MedStar St. Mary's Hospital?

5. What did the hospital do well during your stay or your loved one's stay?

6. What could the hospital have done better?

If you need more room, please feel free to use additional pages.

*(continued on next page)*



**MedStar Health**  
*Institute for Quality and Safety*

**Please tell us more about you.**

1. Do you volunteer in your community? If so, for which organizations?
  
2. Do you feel comfortable working in groups, speaking up and providing input?
  
3. Is English your first language?  
 Yes    No  
If No, what is your primary language?

**Eligibility Criteria:**

1. Are you able to attend meetings at MedStar St. Mary's Hospital during weekday evenings?  
 Yes    No
  
2. Are you willing to take the necessary immunizations to serve on the Patient Family Advisory Council for Quality and Safety?  
 Yes    No
  
3. Are you willing to sign an agreement promising not to disclose confidential information given to you in your role as a member of the Patient Family Advisory Council for Quality and Safety?  
 Yes    No
  
4. Are you willing to undergo a background check?  
 Yes    No

**PLEASE RETURN YOUR COMPLETED APPLICATION TO:**

**MedStar St. Mary's Hospital**  
**Attn: Nursing Administration**  
25500 Point Lookout Rd., P.O. Box 527 • Leonardtown, MD 20650

**[MedStarStMarys.org](http://MedStarStMarys.org)**