

Application for Membership

Community Members and Employees of Excelsa Health

I have a personal interest in engaging in improving patient safety and quality at Excelsa Health and would be interested in applying for membership of:

Patient Family Advisory Council

Infection Prevention and Control Committee

Patient Safety Committee

I am seeking membership on the above committee/ council as a:

Community Member

Employee of Excelsa Health

Department: _____

PLEASE PRINT

Section 1 - Demographics:

Name _____

Address _____

Email _____

Home Phone _____

Cell Phone: _____

Section II – Completed by potential community members only.

1. Have you or a close friend or family member been a recipient of ANY healthcare services in the last three years?

____ Yes ____ No

If yes, where? (select all that apply) Hospital Outpatient location (doctor's office, diagnostic testing, etc)

Other (list) _____

2. How many times have your or close friend or family member received services by Excelsa Health in the last 3 years?

Number of visits _____

If yes, location (if known) _____

3. Have you ever been the caregiver for a patient who was hospitalized in the last three years at an Excelsa Health

Hospital? ____ Yes ____ No

4. How would you describe your experience?

5. What did Excelsa Health do well?

6. What could Excelsa Health have done better?

7. What would you like Excelsa Health to learn from you or your loved one's experience?

8. Are you active in other community organizations such as churches, schools or volunteer groups? If so, please list.

9. Are you able to attend a monthly meeting at 5:30 pm? Yes No

10. If you become a volunteer community member of this Committee, you will need to:
 - Receive an annual influenza immunization (at no cost to the volunteer)
 - Complete and Excelsa Health confidentiality agreement
 - Undergo a criminal background check

Thank you for your interest.

A representative of the Excelsa Health will be contacting you shortly.

If you have questions, please contact Denise Addis at 724-832-5163 or daddis@excelsahealth.org