



Patient & Family Advisors Membership Application

Cedars-Sinai Health System Patient & Family Advisors (PFA) play an important role in our commitment to deliver patient- and family-centered care. As an advisor, you will be a voice for patients and families by providing experiences, insights and feedback on how we may better serve our community.

Please complete this form so that we may identify appropriate opportunities for you to help. We will be in touch shortly regarding next steps, which may include an informal interview.

Please PRINT all information clearly.

Contact Information:

1. Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

2. Primary Phone Number: _____

Email Address: _____

Best Way to Contact: Phone Email

Experience at Cedars-Sinai:

3. You are a? Please choose all that apply.

- Current Patient
- Former Patient
- Caregiver/Family Member of Current Patient
- Caregiver/Family Member of Former Patient

If a family member, you are the patient's:

- Spouse/Significant Other
- Daughter/Son
- Other relationship: _____
- Parent
- Grandparent
- Sibling
- Grandchild

4. Where have you or your family member received care? Please choose all that apply.

- Cedars-Sinai Emergency Department
- Cedars-Sinai Medical Center
- Cedars-Sinai Doctors' Offices
- Cedars-Sinai Outpatient Surgery Center
- Cedars-Sinai Marina del Rey Emergency
- Cedars-Sinai Marina del Rey Hospital



5. Have you or your family member been seen at Cedars-Sinai in the past year?

- Yes No

6. Are you currently a Cedars-Sinai employee?

- Yes No

7. As best you can recall, what department(s) provided care for you or your family member?

Background and Interests:

8. Please check which group(s) you would like to be involved in:

- Council Member:** Sit on a Cedars-Sinai unit-specific council to listen and provide input on experience-related topics, as well as plan activities to engage current patients and selection of future nursing. Current units include pediatrics, obstetrics and more.
(Times vary; 1-2 hours per month, during the evening)
- Committee Member:** Be the patients' voice in our monthly committees on patient experience-related topics for larger departmental and project meetings, such as our Inpatient Experience Leadership Meeting. (Times vary; 1-2 hours per month, during the day)
- Collaborative Member:** Meet with Cedars-Sinai teams and other advisors to help collaborate and design solutions on experience-related issues, such as clinician-patient communication, environmental design and patient education. (Times vary; 1-2 hours per month, during the day)
- Online Panelist:** Answer electronic surveys to provide feedback about Cedars-Sinai Health System services (10 minutes per survey, 1-2 per month)
- I would like to help, but I am not sure what would be best.

9. What is the best time for you to attend meetings (if necessary)? Choose all that apply.

- Weekdays (8-11 a.m.) Weekdays (11 a.m.-2 p.m.) Weekdays (2-5 p.m.)
 Weekdays (after 5 p.m.) Weekends (8-11 a.m.) Weekends (11 a.m.-2 p.m.)
 I am flexible N/A

10. Do you need any special accommodations to be able to attend and participate in meetings?

- Yes No



11. Please share with us, in a few sentences, why you would like to serve as a Patient & Family Advisor at Cedars-Sinai.

12. Is there an area of care at the hospital that is of special interest to you? For example, Neonatal Intensive Care, Oncology, Room Design, Process Improvement, etc.

13. How did you learn about the Cedars-Sinai PFA program?

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Email | <input type="checkbox"/> Online Patient Panel | <input type="checkbox"/> Informed by Hospital Staff |
| <input type="checkbox"/> Online Ad | <input type="checkbox"/> Cedars-Sinai Website | <input type="checkbox"/> Learned From a Current PFA |
| <input type="checkbox"/> Other: _____ | | |

Applicant's Signature: _____ Date: _____

Please return completed application to:

Office of Patient Experience
8700 Beverly Blvd.
SCCT 2S04H
Los Angeles, CA 90048

Or email to: GroupPatientExperience@cshs.org

For questions or comments, please contact: GroupPatientExperience@cshs.org