New England Baptist Hospital
Patient Family Advisory Council
Member Application

Thank you for your interest in the New England Baptist Hospital (NEBH) Patient Family Advisory Council (PFAC). Patient-family advisory councils are one strategy for healthcare organizations to partner with previous and current patients and their family members to obtain ongoing input, feedback, and suggestions on how care and services can be continuously improved.

The Patient and Family Advisory Council is a part of NEBH’s set of strategies to ensure that patient/family-centered care is a central focus of our organization. Patient/Family-centered care is a philosophy of care that not only respects the patient but engages patients’ families in the care of our patients.

Our goal is to provide care that is grounded in mutually beneficial relationships among patients, patients’ families, and healthcare providers. To that end, we recognize the key role a patient’s family members play in the health, well-being, and recovery of the patient. The role of the PFAC is to integrate the perspective of the patients and the patients’ family members into processes that will improve the quality, safety, education, and efficiency of care provided by NEBH.

If you are interested in learning more about the NEBH PFAC, please complete the application below and return it to: Tricia Ide, RN, MS, Executive Director Quality, Safety and Patient Experience, New England Baptist Hospital, 125 Parker Hill Road, Boston, MA 02120.

Name: ___________________________________________________________________________________

Mailing Address: ___________________________________________________________________________________

Telephone Number: ___________________________________________________________________________________

E-mail Address: ___________________________________________________________________________________

Occupation: ___________________________________________________________________________________

Why are you interested in participating in the NEBH PFAC? ___________________________________________________________________________________

Have you or a family member received care at NEBH, and if so when? ___________________________________________________________________________________

Please describe what contribution you can make to the NEBH PFAC: ___________________________________________________________________________________

What is your availability to participate in the committee? ___________________________________________________________________________________

Personal reference or recommended by: ___________________________________________________________________________________

July 2017