Please tell us about your experience at WhidbeyHealth System.

1. In your experience what did we do well?

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

2. What could we have done better?

________________________________________________________________________________________________________

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________________________________________________________________________________________________________

3. What would you like the hospital to learn from your experience with our care?

________________________________________________________________________________________________________

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What does patient experience mean to you? If you have more to say, please feel free to use additional space.

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________________________________________________________________________________________________________
Please tell us more about you

1. List your name and the best way for us to reach you.

Name: ____________________________________________________________

Address: __________________________________________________________

Email: _____________________________________________________________

Phone: _____________________________________________________________

2. Do you volunteer in your community? If so, for which organizations?

____________________________________________________________________

3. Do you feel comfortable working in groups, speaking up and providing input? __________

4. Are you able to attend meetings or by virtual invite at WhidbeyHealth Medical Center? 

During the week? □Yes □No

Which is better for you: morning, afternoon, or evening?

5. 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/Patient Experience Steering Committee? □Yes □No

6. Please tell us how many times in the last three years you or a family member you accompanied came to the hospital or clinics. If none please indicate ‘0’ and estimate as needed.

- Emergency Department __________________________
- Diagnostic Services (Lab, Radiology) ________________
- Medical Clinics (Freeland, Clinton, Goldie, Cabot) ______
- Medical Ambulatory Clinic/MAC ______________________
- Ambulatory Surgery ________________________________
- Admission to the Hospital __________________________
- Other (Please Specify) ______________________________

Thank you for your interest in the Patient and Family Advisory Council & Patient Experience Steering Committee!

Mail Application To:
Patient and Family Advisory Council
c/o Patient Experience Coordinator
WhidbeyHealth Medical Center
101 N. Main Street, Coupeville, WA 98239
For questions, email myhospital@whidbeyhealth.org.

Provided by Chief Quality Officer, Patient Safety & Risk Mitigation Manager, Population Health, Patient Experience Coordinator