NCH
north country healthcare

Androscoggin Valley Hospital
North Country Home Health & Hospice Agency
Upper Connecticut Valley Hospital
Weeks Medical Center

Patient & Family Advisory Council (PFAC)

The NCH Patient and Family Advisory Council (PFAC) serves as a structured partnership between patients, families, and hospital leadership to help strengthen care experience, safety, communication, and trust across our hospitals, provider practices, and NCH Home Health and Hospice Agency.

MEMBERSHIP APPLICATION

Thank you for your interest in the NCH Patient & Family Advisory Council. We are selecting patients and family members to join our advisory council. Please complete this short questionnaire and be sure to sign the last page. Select applicants will be contacted to schedule an interview. Selected individuals must be available to attend a new member orientation.

Name: _____
(Last) (First) (MI)

Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Phone: _____

Email Address: _____

Language(s) You Speak: _____

Choose one: _____ I am a Patient _____ I am a Family Member of a Patient _____Both

Are you currently, or have you ever been, an employee of NCH (at any facility)?____Yes _____No

Your Age Range:

□ 18-30
□ 31-45
□ 46-60
□ 60+

How many experiences have you had at North Country Healthcare facilities in the past two years?
□ 1-5

□ 6-10

□ 11 or more

Within the past two years, what NCH services have you or your family members used? (Check all that apply)

□ Behavioral Health □ Oncology □ Cardiology □ Intensive Care Unit
□ Palliative Care □ Orthopedics □ Pregnancy/Childbirth □ Emergency Department
□ Imaging Services □ Lab □ Physical/Occupational Therapy
□ Surgical Services □ Wound Care □ Inpatient □ Home Health & Hospice
□ Medical Practices (which specialty): _____
□ Other _____

Within the past two years, what NCH facilities have you or your family members used? (Check all that apply)
□ Androscoggin Valley Hospital (AVH)
□ Upper Connecticut Valley Hospital (UCVH)
□ Weeks Medical Center (WMC)
□ Medical Practices (which locations) _____
□ Home Health and Hospice Agency

We believe the PFAC should reflect the diversity of patients, families and friends who use our hospitals and clinics. Considering this, please share anything about yourself that you think would add to the diversity of our committee. You might consider your diversity to be ethnic, racial, spiritual, social, economic, gender, disability related, etc.

Have you ever served on a board or committee? Please describe.

Why do you believe you should be chosen to serve on the Patient & Family Advisory Council?

What North Country Healthcare services or projects are you passionate about or interested in working to improve?

Would you be willing to provide the name of an NCH employee, or provider, who we may contact as a reference? _____

Would you be able to attend a one-hour meeting on a weekday, every other month from:

□ 8:00 am-12 noon

□ 12 noon-1 pm

□ 1 pm-5 pm

□ 5 pm-6 pm

Would you be available _____in person, _____virtual (on the computer) or ____both

Do you have any transportation, technology, communication, scheduling, or other needs that would help you participate fully in PFAC? _____

□ Yes, if selected, I will allow my contact information to be shared with other committee members.

□ No, if selected, I do not want my contact information shared with other committee members.

Thank you for taking the time to complete this application. **Don't forget to sign and date on the next page.**

Please return this completed form (via mail or email) to:

NCH Patient Experience
Weeks Medical Center
173 Middle St., Lancaster, NH 03584

NCHPFAC@northcountryhealth.org

Before becoming an active PFAC member you will be asked to participate in our interview process, agree to a routine background check, sign a confidentiality statement, and attend both volunteer and PFAC orientation.

Signature:_____ Date:_____

Printed Name: _____