

Membership Application

Missouri Hospital Association Patient and Family Advisory Council



MHA PFAC Mission

We will provide leadership and support to advocate for the sustainable integration of patient and family engagement across the care continuum in Missouri to achieve the Quadruple Aim.

Council membership

Name Title & Credentials (if applicable)

Primary Mailing Address City

State Zip code Phone number

Primary Email Address Alternate Email Address

Application Questionnaire

Please complete the questionnaire below before submitting the application.

Are you currently employed by a hospital or other health care provider?

If yes, please name your employer.

Yes

No

In what capacity do you intend to serve as your primary role on the PFAC?

Health Care Representative

Patient Advocate

Other

If you selected "Patient Advocate," please list one non-familial reference (name and phone number).



On a scale of one to ten, how much experience and/or exposure do you have with health care delivery?

Have you ever served on a board, council or other organizational committee?

If yes, please briefly explain.

Yes

No

Are you currently involved or have you been involved in the past with patient and family engagement activity at your local facility?

If yes, please briefly explain.

Yes

No

Time commitment to this council includes three in person meetings in Jefferson City throughout the year and active participation with all communications, projects, etc. Do you anticipate challenges regarding the time commitment?

If yes, are there ways in which the PFAC can support you to reduce these challenges (i.e., carpooling, travel reimbursement, etc.)?

No

Yes

Subteams often work virtually between meetings. Do you have access to appropriate technology to facilitate virtual work (i.e., computer, internet, a quiet workspace, phone, etc.)

If no, are there ways in which the PFAC can support you to reduce these issues?

Yes

No

Why are you applying for PFAC membership?



Based on your experience, what is the value of patient-centered care and patient engagement in health care?

What interests you most about the possibility of serving on the PFAC?

Please provide a brief description of the strengths and talents you would bring to the council.

How did you initially hear about this opportunity?

Comments & Questions

Use this space to make additional comments or ask questions.

If you have questions or concerns about the application, please contact Toi Wilde at twilde@mhanet.com or 573/893-3700, ext. 1406.

Upon submission all applications will be reviewed by MHA and the PFAC council, and individuals will be notified of application status by email within three weeks of submission.