



# Westfields Hospital & Clinic Foundation

## **How do I know I am ready to be a member of the Patient & Family Advisory Council?**

The statements below can help you determine if you are ready to be a member of our patient and family advisory council. If you do not agree with all of them, it does not mean that you cannot be a part of our committee, but there may be things you need to consider more carefully.

I am ready when:

- ◆ I am willing to talk about the positive and negative care experience I had as a patient or family member of a patient.
- ◆ If I had any negative experiences, I am coping well and am ready to respectfully share my ideas about how things could have gone differently.
- ◆ I am ready to speak up and share suggestions and potential solutions to help improve hospital care of other patients and family members.
- ◆ I am willing to think beyond my own personal experiences.
- ◆ I can bring a positive attitude to discussions.
- ◆ I can listen to and think about what others say, even when I disagree.
- ◆ I am willing to keep any information I may hear on the committee private and confidential.
- ◆ I enjoy working with people who are different from me.
- ◆ I am willing to learn how to best serve as a committee member.
- ◆ I have time in my schedule to attend the meetings (two hour meetings, every other month.)

You will be contacted with next steps once your application is submitted. If you have any questions or comments, please feel free to contact Renée Sauter at 715-243-3427 or via email at [renee.e.sauter@westfieldshospital.com](mailto:renee.e.sauter@westfieldshospital.com)

**THANK YOU** for your interest!  
Together, we will improve the patient experience.



# Westfields Hospital & Clinic Foundation

## Patient & Family Advisory Council Application

Name: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: Home: (     ) \_\_\_\_\_ Cell: (     ) \_\_\_\_\_

Email Address: \_\_\_\_\_

How do you prefer to be contacted? \_\_\_\_\_

What is the best way to contact you and when? \_\_\_\_\_

Are you over the age of 18? (Consent form required if under the age of 18) Yes     No

Was your care experience with Westfields Hospital & Clinic within the last 2 years? Yes     No

Were you a patient of Westfields Hospital & Clinic? Yes     No

And/or are you a family member of a patient? Yes     No

What areas of our campus do/did you and/or your family member receive care:

- |                                        |                            |
|----------------------------------------|----------------------------|
| Ambulatory Care/Wound Care             | Medical Surgical Inpatient |
| Cancer Care Center                     | Outpatient Surgery         |
| Cardiopulmonary Services/Sleep Studies | Physical Rehabilitation    |
| Emergency Department                   | Surgical Services          |
| Imaging Department                     | Specialty Center           |
| Laboratory                             | Birth Center               |

## **We want to know more about you!**

Please tell us why you are interested in being a member of our patient and family advisory council.

Briefly describe your experience, either as a patient or as a family member, when receiving care at Westfields Hospital & Clinic:

Please list any skills or experience that you feel may be helpful or relevant to being a member of this committee.

Is there anything else you would like us to know?

All information on this form is considered confidential and is intended for use by Westfields Hospital & Clinic and the Patient and Family Advisory Council only. You will be contacted after we review your application. Thank you for your interest in being part of this important committee!

Please mail, email or fax your completed application to:

Renée Sauter  
Manager, Valley Patient Experience  
Westfields Hospital & Clinic  
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New Richmond, WI 54017  
Phone: 715-243-3427

Email: [renee.e.sauter@westfieldshospital.com](mailto:renee.e.sauter@westfieldshospital.com)  
Fax: 715-243-2679