

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

- Please choose all categories that apply to you:
- Ochsner Patient

Ochsner Volunteer

Family Member of an Ochsner Patient

Retired Ochsner Employee

- Please choose all types of care that you or your family member received at Ochsner:
- Inpatient (hospital stay)

Outpatient (clinic visits)

Emergency Department Care

.....

Please list any Ochsner units/services that provided care/assistance to you or your family member in the past two years:

.....

Describe what “exceptional patient care” and “health care with peace of mind” looks like to you.

.....

What could Ochsner do differently?

.....

Which topics would you like to see the Family Advisory Board discuss? Check all that apply.

- Patient education
- Patient experience for outpatient visits
- Patient experience in surgery areas
- Coordination of care
- New/updated policies/practices
- Employee education (re: effective communication)
- Other issues of special interest to you (please list)
- Patient experience for inpatient visits
- Patient experience in emergency care
- Patient safety/prevention of errors
- Transition to home/community care
- Facility design/planning

We believe the Patient & Family Advisory Board should reflect our families who are consumers of health care services. In light of this, please share how your participation and experience would add to the board diversity.

Meetings are usually held every 6-8 weeks. We ask for a commitment of at least 1 year to the board.

Would you be available to attend meetings on a consistent basis? Yes No

Thank you for your interest in serving on the Patient & Family Advisory Board!

If you have any questions, please e-mail AdvisoryBoard@ochsner.org

Please complete this form and return to AdvisoryBoard@ochsner.org at your earliest convenience.

You will be contacted if selected to participate in the board.

