

# Lenoir Memorial Hospital Patient Advisory Council



Patients and families have an important role in helping Lenoir Memorial Hospital. We are excited to announce that we are forming a Patient and Family Advisory Council. The purpose of this council is:

- To improve patient satisfaction
- To provide patient-centered care
- To bring patients' needs and concerns to our healthcare and leadership teams
- To guide our priorities and planning for the future
- To further enhance our relationship between the hospital and our community

Our goal is to incorporate the voice of our patients in the important decisions we make in providing their care. Your participation in our Advisory Council will be valuable in providing our health care team with constructive advice and feedback to improve our patients' experiences.

Membership consideration is based on the following criteria:

- Knowledge and/or experience of our hospital
- Time availability to prepare for and attend regularly scheduled meetings (anticipate meeting four to five times per year).
- Ability to make decisions by consensus and support council decision

We hope that you are interested in this opportunity and will complete the enclosed information form and return it to Lenoir Memorial Hospital, 100 Airport Road, Kinston, NC 28501, Attention Debbie Wood, Patient/Family Relations. Upon receiving your personal information you will be contacted by our hospital staff for an introduction and briefing.

Thank you for your interest in helping us improve the care we provide to our patients and community.

Gary E. Black, President & CEO  
Lenoir Memorial Hospital, Inc.

*Lenoir Memorial Hospital*  
*Patient and Family Advisory Council*  
**Personal Information Form**

<b>Name:</b> _____
<b>Address:</b> _____
<b>Work Phone:</b> ( ____ - ____ - ____ ) <b>Home Phone:</b> ( ____ - ____ - ____ ) <b>Cell Phone:</b> ( ____ - ____ - ____ )
<b>Email:</b> _____

Describe why you would like to be a member of the Patient and Family Advisory Council

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Describe your experience(s) positive or negative, as a patient and/or family member at Lenoir Memorial Hospital.

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List any special interests/skills you have that you could bring to this council.(project management skills, organizational skills, planning and leadership skills, creativity, etc.).

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What top three things would you like to see the Patient and Family Advisory Council address based on your experiences in our hospital and community?

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What is your availability for meetings?

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Please provide the contact information for two references. One reference should be from someone affiliated with Lenoir Memorial Hospital and the other reference should be from a community organization.

Reference 1: \_\_\_\_\_  
Name Address Phone No.

Reference 2: \_\_\_\_\_  
Name Address Phone No.