DID YOU KNOW

Dear Patient, Service Member, Parent, or Family Member,

Did you know Winn Army Community Hospital has a Patient and Family Partnership Council (PFPC)?

The PFPC ensures that patient and Family Member's perspectives are incorporated into the Winn health care plan, with quality improvement initiatives utilizing the following core concepts: Information Sharing, Participation, and Collaboration.

The primary mission of this initiative is "Patient-Centered Health Care."

We invite you to complete the application on this brochure if you are interested. The PFPC is comprised of members who represent the diverse population we serve. We will select from a pool of Retirees, parents of pediatric patients, Family Members, and Active Duty Service Members of various ranks.

PFPC members are invited to share their experiences when they, their Family Members, or their contemporaries have ideas for improvement, comments, concerns, or compliments related to health care services received. We encourage members to provide evaluations of their health care related experiences via telephone interviews, personal interviews, or email.

PFPC LEAD

The Winn Deputy Commander for Quality and Safety conducts quarterly meetings to discuss trends and suggest improvement for health care initiatives.

Key stakeholders in these meetings are the PFPC members with their valued perspectives.

When improvement initiatives are identified, members may be invited to participate in the process action teams.

WHO CAN JOIN

- Retirees
- Parents of pediatric patients
- Family Members
- Active Duty Service Members of various ranks

Additional membership requirements include:

- Becoming a Red Cross volunteer
- Signing a nondisclosure agreement
- Taking privacy training

WANT TO JOIN?

QUESTIONS?

CONTACT:

usarmy.stewart.medcom-winn.mbx.patient-advocate@health.mil

Winn Army Community Hospital

Patient Centered Health Care

Welcome to the Patient and Family Partnership Council, a group dedicated to improving your health care experience at the hospital and across our footprint.

WINN ARMY COMMUNITY HOSPITAL
"HEALTH THROUGH SERVICE"

Patient and Family Partnership Council
Application Form

Please print:

Name: (Last) _____ (First) _____ (Middle) _____

Address: (City) _____ (State) _____ (Zip Code) _____

Telephone Number: _____

Email Address: _____ Date: _____ Unit: _____

Member Role: Retiree Parent Family Member Active Duty (Rank) _____

Will you allow your contact information to be shared with other committee/advisory council members?
Yes **No**

Are you willing to represent your contemporaries? **Yes** **No**

Are you willing to attend quarterly meetings? **Yes** **No**

The dates of my active experience at Winn Army Community Hospital began in (year) _____

Are you interested in participating with process improvement teams? **Yes.** **No**

Please return this form to:
usarmy.stewart.medcom-winn.mbx.patient-advocate@health.mil