



**PATIENT-CENTERED CARE STEERING TEAM
APPLICATION**

Applicant Information:

Full Name: _____ Date: _____
Last First MI

Address: _____
Street Address Apt/Unit #

_____ City State Zip Code

Phone: _____ Email: _____

Social Media Tags (if any):

Tell Us About Yourself:

1. Please tell us a little about yourself (e.g., your interests, background, etc.). What do you want us to know?
2. Why are you interested in joining the Copper Queen Community Hospital's Patient-Centered Care Steering Team?
3. Do you have any special skills, training or hobbies that you feel will be useful to the Patient-Centered Care Steering Team? Please explain.

4. Have you received care at Copper Queen Community Hospital within the past two years?
- Yes No
- 4a. If yes, where was care received: _____
- 4b. If yes, how many times have you received care at Copper Queen Community Hospital during the past 2 years? _____
5. Has a loved one received care at Copper Queen Community Hospital during the past 2 years?
- Yes No
- 5a. If yes, where was care received: _____
- 5b. If yes, how many times did a loved one receive care at Copper Queen Community Hospital during the past 2 years? _____

Your Goals:

6. We realize that everyone has busy lives and that joining the Patient-Centered Care Steering Team will take away some of your valuable time. Please tell us what you hope to get out of joining the Patient-Centered Care Steering Team.
7. A year from now, what will make you say that being on the Patient-Centered Care Steering Team was a good use of your time?

Areas of Interest:

8. Our Patient-Centered Care Steering Team is dedicated to improving health care for all. What areas of health care are you particularly interested in or passionate about? In other words, what area(s) of concern would you like to see the Patient-Centered Care Steering Team address?

Your Availability:

9. What day(s) of the week/time(s) of day are best for you to attend Patient-Centered Care Steering Team meetings?

10. Are there any days or times that are off limits? Yes No

11. Are you able to commit to serving on the Patient-Centered Care Steering Team for at least 1 year?
 Yes No

Permissions:

I give Copper Queen Community Hospital permission to share my name, community, organization, and photo on their website: Yes No

I give Copper Queen Community Hospital permission to tag me in social media posts and website content about activities related to the Patient-Centered Care Steering Team. Yes No

Have you attached a photo? (optional) Yes No

**COPPER QUEEN COMMUNITY HOSPITAL
PATIENT-CENTERED CARE STEERING TEAM
MEMBER AGREEMENT**

If accepted onto the Copper Queen Community Hospital's Patient-Centered Care Steering Team, I agree:

1. To donate my time and services to the organization without contemplation of compensation or future employment.
2. To hold as absolutely confidential all information that I may obtain directly or indirectly concerning patient and staff and not seek to obtain confidential information from a patient. I will also maintain confidentiality of organizational sensitive information; this includes but is not limited to information, data, reports, analyses, processes, know-how, research, practices, and strategies.
3. To be punctual and conscientious, conduct myself with dignity, courtesy and consideration of others and strive to make my volunteering professional in quality.
4. To carry out assignments and seek assistance when necessary.

I understand that the Patient-Centered Care Steering Team reserves the right to terminate my volunteer status as a result of any circumstances which, in the judgment of the Administrative Director, would make my continued service as a patient advisor volunteer contrary to the best interests of the organization.

Signature: _____ Date: _____

Questions?

For questions about the Patient-Centered Care Steering Team, please contact the following:

Sadie Maestas, RN, BSN
Chief Nursing Officer
(520) 432-6460
smaestas@cqch.org

Robert Clegg, PhD, MPH, CPHQ, MCHES
Chief Quality & Compliance Officer
(520) 432-6405
rclegg@cqch.org

Please return completed application via email to the above contacts or by mail to the following:

Copper Queen Community Hospital
c/o Administration
101 Cole Avenue
Bisbee, AZ 85603