

# Call FOR

## Patient Advisory Council (PAC) Members & Subject Matter Experts (SMEs)



### Be part of the action and make a difference!

Are you a dialysis or transplant patient? Or, are you a caregiver/family member of a patient? Have you ever felt like your concerns were not heard, especially when you knew you could do something that would change things for the better? Have you ever had an idea, but felt reserved or unsure about how to share it? Quality Insights Renal Network 4 has an opportunity for you!

#### We need your expertise to help fulfill two different roles:

- Patient Advisory Council (PAC) member; and/or
- Subject Matter Expert (SME) working on various quality improvement projects

#### What do PAC members and SMEs do?

As a PAC member or a SME, you are the link to promoting patient and family-centered care throughout the Network 4 area. You will:

- Help Network staff understand what is important to patients
- Share useful ideas and experiences
- Represent the Network at your own dialysis facility

*“DML - Dialysis Means Life. If I can help another patient take better care of him or herself and cheer him or her on through the dialysis journey, all my work as a patient mentor and Network PAC member will have been worth it.”*

- **Allen Nelson, Network 4 PAC Co-Chair**

You have a unique set of skills and understanding of the dialysis experience that no one else can provide. Take time to share your talents and ideas with other PAC members and SMEs. Learn more about things that are happening in the Network 4 region to empower dialysis patients. Your voice will count where it matters most in the care you receive or the care your loved one receives.

To learn more about these roles, please call our toll-free patient number at (800) 548-9205. To become a Network 4 PAC member or SME, please complete the attached application and fax to (610) 783-0374 or mail to:

**Quality Insights Renal Network 4**  
**610 Freedom Business Center Dr., Suite 102**  
**King of Prussia, PA 19406**



To file a grievance, please contact Quality Insights Renal Network 4 at Patient Toll Free Line: 1-800-548-9205, [www.qirn4.org](http://www.qirn4.org) or 610 Freedom Business Center, Suite 102, King of Prussia, PA 19406. Educational material brought to you by the Patient Learning and Action Network at Quality Insights Renal Network 4. This material was prepared by Quality Insights Renal Network 4 under contract with the Centers for Medicare & Medicaid Services (CMS). The contents do not necessarily reflect CMS policy. Publication number: ESRD4-100217

# 2018 ESRD Network 4 Subject Matter Expert (SME) and Patient Advisory Council (PAC) Application



**Who is Quality Insights Renal Network 4?** Quality Insights Renal Network 4 is a health care company that has been contracted by the Centers for Medicare & Medicaid Services (CMS) to support the achievement of national quality improvement goals and statutory requirements as set forth in Section 1881 of the Social Security Act and the Omnibus Budget Reconciliation Act of 1986. Network 4 is assigned activities that are selected to align with the Department of Health and Human Services (HHS) National Quality Strategy (NQS), the HHS Secretary Priorities and CMS goals, which are all designed to result in improvements in the care of individuals receiving dialysis in Pennsylvania and Delaware.

**All Patient Subject Matter Experts (SMEs) are part of our Patient Advisory Council (PAC). To participate in Quality Insights Renal Network 4 PAC Activities and Quality Improvement Activities (QIAs) as a SME, you need to:**

- Have an interest in improving the quality of dialysis care that patients receive within the Network 4 area
- Be willing to attend two or more telephone meetings that take place throughout the year

**Please print your information below.**

I am a:  Patient (Include # of years as a dialysis patient): \_\_\_\_\_  Family/Caregiver  Stakeholder

First and Last Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ Primary Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ *(we will not share your email address)*

Name of Current Dialysis Unit: \_\_\_\_\_

Location of Current Dialysis Unit: *(street name and city):* \_\_\_\_\_

Name of the person who referred you to this volunteer opportunity: \_\_\_\_\_

**Please indicate your CURRENT dialysis treatment situation:**

- In-center Hemodialysis
- In-center Peritoneal Dialysis
- Home Hemodialysis
- Home Peritoneal Dialysis
- Transplanted (# of years since transplant \_\_\_\_\_)

**If on dialysis, are you on a transplant waiting list?**

- In Progress
- Yes
- No
- Informed I was not a candidate

**In-center dialysis schedule (if indicated):** M/W/F - Time/Shift: \_\_\_\_\_ T/T/S - Time/Shift: \_\_\_\_\_

**Please indicate any PREVIOUS types of dialysis that you have had:**

- In-center Hemodialysis
- In-center Peritoneal Dialysis
- Home Hemodialysis
- Home Peritoneal Dialysis

**Please provide a brief statement about why you are interested in volunteering with Quality Insights Renal Network 4.**

**Please list any educational degrees or relevant work experience in quality improvement. *(This will be used for project assignment and is not required for selection to participate.)***

Network 4 SMEs and PAC members can volunteer to work with our QIA Team Leaders to help design QIA projects. **Please check any QIA projects in which you wish to participate.** (Note: you will not be selected for more than one QIA project.)

- Increase transplant referrals
- Increase number of patients who train to dialyze at home
- Reduce blood stream infections for dialysis patients
- Increase the number of patients who use vocational rehabilitation services
- I do not have a preference.

**Additional opportunities in which you would like to participate as a PAC member/ SME, if selected:**

- Monthly calls between the Network staff and CMS
- National patient calls that work to improve care for dialysis patients
- Network 4 board meetings (*Board of Directors or Medical Review Board*)

## **CONFIDENTIALITY AGREEMENT**

I recognize that, in my role as a Patient Subject Matter Expert (SME) for Quality Insights Renal Network 4, I have an obligation to act prudently and in good faith and in a manner I reasonably believe to be in the best interests of Network 4, my dialysis facility, and my fellow patients regarding confidential information which I may learn or to which I have access through my voluntary role as a Network 4 Patient SME.

Accordingly, I hereby agree not to release, discuss or otherwise disclose any confidential information which I may learn or to which I have access through my voluntary role as a Patient SME. In particular, but without limiting the above, I agree not to share information regarding patients or facilities with any person other than fellow Quality Insights Renal Network 4 board or committee members; provided, however, that my fellow members do not have a conflict of interest regarding such confidential information that would preclude my discussing such information with them.

I recognize that breach of confidentiality by me may result in my removal from all Quality Insights Renal Network 4 activities of which I am presently serving and such breach may also expose me to personal liability to third parties.

**Please read each statement below. Then, please sign and return this form.**

- I have read the Confidentiality Agreement and with my signature below, I acknowledge the Confidentiality Agreement policies and accept the duty of a Quality Insights Renal Network 4 Patient Subject Matter Expert and if selected to participate as a patient SME, I will keep patient information, materials and discussions confidential at all times.
- I authorize Quality Insights Renal Network 4 to use my name, image, and phone number where necessary in QIA meeting minutes and in listing QIA members in reports to the Centers for Medicare & Medicaid Services (CMS) or postings on the Quality Insights Renal Network 4 website, in social media, in materials and other forms of communication.
- I (including my family members) do not have a financial interest, arrangement, or affiliation with any corporate organizations that may create a potential conflict of interest.
- If my conflict of interest status changes, I will notify Quality Insights Renal Network 4.
- I understand that in the case of the internet, information may be captured by other entities and displayed on their websites, despite having originated at Quality Insights Renal Network 4.
- I can revoke my consent, in writing, at any time. I understand that if I wish to revoke my consent, I need to contact Quality Insights Renal Network 4 in writing.

This consent is voluntary, and I give it in the interest of public information and education, and for the furtherance of the health care quality improvement goals of Quality Insights Renal Network 4 and for other lawful purposes.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FAX this application to 610-783-0374.**

**OR**

**MAIL TO: Quality Insights Renal Network 4 – Attention: Patient SME Coordinator  
610 Freedom Business Center Dr. Suite 102  
King of Prussia, PA 19406**