

New Network 4 Patient Representative Check List

Patient Rep Name: _____

Start date: _____

Orientation; Required Steps

- Provide Patient with Network 4 Patient Representative Job Description
- Provided Network 4 Patient Representative Handbook
- Facility Administrator/manager and Social work met with patient to discuss roles and responsibilities
- Facility Administrator/manager and Social work met with patient to negotiate specific initial tasks
- Patient provided Network 4 Confidentiality Statement
- Patient provided Network 4 Recruitment Form
- Patient signs Recruitment form (please include an email for the patient to receive updates)
- Recruitment form **FAXED** to Network 4 at 1-610-783-0374

Review Requirements for Patient Representative Role

- | | |
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| <input type="checkbox"/> Reviewed Requirements; Patient has met the requirements for the role of Patient Representative and will need to maintain these requirements to act in the role as Patient Representative | <ul style="list-style-type: none"> Desire to have a positive impact on the care patients receive at the dialysis facility Desire to be part of a larger group (Network 4 Patient Rep program) Be available to join Network 4 Patient Representatives to gain information and share experiences Be willing to provide Network 4 with information about clinic events and other patient feedback |
| <input type="checkbox"/> Reviewed Expectations; Patient Rep is aware these behaviors are needed for success and to continue in the role of Patient Representative | <ul style="list-style-type: none"> Be a positive role model by being engaged and following your own treatment plan Be available to listen, support and guide fellow patients Communicate with a positive voice and intent and Accept others' viewpoints Suggest that patients talk to the right person when they have a problem or a concern Always tell patients to speak with a doctor or nurse for medical question or concerns Never give medical advice |
| <input type="checkbox"/> Patient Rep is aware of Facility Grievance Procedure as well as Patient Grievance Tool Kit | <ul style="list-style-type: none"> Facility Grievance Procedure Provided to Patient Representative Patient Grievance Tool Kit for a resource provided to Patient rep found at: http://www.qirn4.org/Files/Patients-and-Families/Grievances/Grievance-Toolkit-Final-Sept-2016.aspx |
| <input type="checkbox"/> Patient is aware of Network 4 Patient Toll Free Number 1-800-548-9205 | <ul style="list-style-type: none"> Patient Rep will refer patients who are unable to resolve issue with facility team to this toll free number to speak with Network 4 Patient Services Coordinator |
| <input type="checkbox"/> Introduction of New Patient Representative made to all Facility Fellow Patients | |
| <input type="checkbox"/> Introduction and Patient Representative information posted on facility bulletin board for Fellow Patients to See | |

Patient Signature _____ Facility Rep. Signature _____

Fax Completed Check List to Network 4 at 610-783-0374 once check list completed.