

Heartland Kidney Network is recruiting members to serve on the...

Patient Advisory Committee



Do you like sharing your ideas with others?

Do you enjoy working together in a group to accomplish great things?

Would you like to make a difference in the care dialysis patients receive in Iowa, Kansas, Missouri, and Nebraska?

If you answered YES to any of the questions above, apply to join the PAC! Complete the PAC Application Form and ask your clinic to fax it to 1-816-880-9088 for the quickest delivery.

Contact Ellie Vail Brent for more information at evail@nw12.esrd.net or 800-444-9965

What is Patient Advisory Committee (PAC)?

The PAC provides the Network with the patient voice to help meet the needs of dialysis patients and improve the quality of care they receive. The PAC is a diverse group of people that are on dialysis, have received a kidney transplant, or are the care partner/family member of someone with kidney disease. Members represent the states of Iowa, Kansas, Missouri, and Nebraska.

What are the responsibilities of PAC members?

- Serve a one year term
- Participate in 2-3 group conference calls per year
- Ability to travel to and attend one meeting in Kansas City (travel expenses and hotel are paid for by the Network)
- Select one project committee to participate in for the year to assist in the development of new educational resources and quality improvement interventions. Meetings will be held over the phone or webinar online. Topics include but aren't limited to:
 - Improving the patient experience of care
 - Preventing hospital associated-infections for dialysis patients
 - Increasing vaccination rates among dialysis patients
 - Improving transplant referrals or home dialysis referrals (project still to be determined)
 - 5 PAC members will be selected to participate on a national patient engagement committee to represent the patient voice from our region

The Network is planning a PAC meeting in Kansas City in mid-October to prepare the PAC for 2016. If you are interested in being involved, don't wait! Apply today so that you can participate in that meeting if selected.



Patient Advisory Committee (PAC) *Application*

YOUR INFORMATION (please print clearly)

Are you a: Dialysis patient Transplant recipient Patient family member/care partner

Name: _____

Phone: _____

Address: _____

Email _____

Current treatment type:

in-center hemodialysis home hemodialysis peritoneal dialysis (PD)

transplant NA

Are you on the transplant wait list?

YES NO

Are you able to travel to Kansas City, MO once a year for the annual PAC meeting (expenses paid by Network)?

YES NO

CLINIC INFORMATION (please print clearly)

Name of current dialysis or transplant facility: _____

Facility address: _____ Facility phone: _____

Name and title of recommending staff member: _____

Staff phone: _____ Staff email: _____

**Ask for staff signature (by signing, he or she is providing their recommendation for you to serve on the PAC)*

Signature _____ Date: _____

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Do you have previous experience with Heartland Kidney Network or other kidney related organizations? If yes, explain:

Why are you interested in becoming a PAC member? How do you see yourself contributing to the PAC?

I have read and understand the responsibilities of serving on the PAC and agree to participate to the best of my abilities as an important part of the Network team.

If selected, I (print name) _____ agree to serve on Heartland Kidney Network's Patient Advisory Committee (PAC) until **December 31, 2016**. While serving in this role, I will continue to be a role model for other patients and family members. I give Heartland Kidney Network permission to use my name and e-mail address for the Network specific communications and activities. I further authorize Heartland Kidney Network to use my name where necessary in meeting minutes and in listing PAC members in reports to Centers for Medicare & Medicaid Services (CMS).

Signature: _____ Date: _____

Return the completed PAC Application Form to:

Heartland Kidney Network,
Attn: Ellie Vail Brent
920 Main St. Suite 801,
Kansas City, MO 64105
OR
Fax to: (816) 880-9088

**Thank you for your interest in serving on the PAC!
The Network will be contacting you soon after the review of your application.
If you have any questions, contact the Network at (800) 444-9965.**